

D. A. Shirey

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39862

State File No. ....

No. 300  
10.48

FILED NOV 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY <u>Remiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Hayti</u>		c. CITY OR TOWN <u>Parma</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Remiscot County Memorial</u>			
e. STREET ADDRESS (If rural, give location) <u>0720</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elbert</u> b. (Middle) <u>Easley</u> c. (Last) <u>Babcock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29 1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 22 1883</u>	9. AGE (In years last birthday) <u>69</u>	if UNDER 1 YEAR Months: <u>11</u> Days: <u>7</u>	if UNDER 14 Hrs. Hours: _____ Min: _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hickman Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Harry Babcock</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Babcock</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lula Babcock</u> ADDRESS <u>Parma Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 Weeks</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive arteriosclerosis 6 weeks in type.</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 11-25, 1953, to 11-29, 1953, that I last saw the deceased alive on 11-29, 1953, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. A. Shirey MD</u>		23b. ADDRESS <u>Hayti Mo</u>		23c. DATE SIGNED <u>11-2-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-21-53</u>		24c. NAME OF CEMETERY OR CREATOR <u>East Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Hayti Mo</u>	
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DATE REC'D BY LOCAL REG. <u>11-7-53</u>		REGISTRAR'S SIGNATURE <u>John W German</u> <u>249-0</u>		FURNERAL DIRECTOR'S SIGNATURE <u>John W German</u> ADDRESS <u>Hayti, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-360-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

NOV 14 1953

MAR 14 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Raymond L. Duffie*

Licensed Embalmer No. 479

P. O. Address *Hayti, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.