No. 300
10.48

Dr Lucke

FILED JAN 14 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2038

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 4

644
4

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hannibal
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Davis Rest Home 1125 Lyon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Palmyral
d. STREET ADDRESS (If rural, give location)

0640
1

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) E. c. (Last) Babb

4. DATE OF DEATH (Month) (Day) (Year) 1/1/54

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH 4/21/1884
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 8 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Shelby Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William M. Babb
13b. MOTHER'S MAIDEN NAME Nancy I. Blackford
14. NAME OF HUSBAND OR WIFE - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Olga Lear, Grenwell, Iowa

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dia Betes Mellitus

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Tabes - Dorsalis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 260 XB
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1953 *to* 1-1, 1954, *that I last saw the deceased alive on* 12-31-, 1953, *and that death occurred at* 8/15/2 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. M. Lucke, MD. 0
23b. ADDRESS Hannibal, Mo.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/2/54
24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State) Hannibal, Mo.

DATE REC'D BY LOCAL REG. 1/9/54
REGISTRAR'S SIGNATURE Dr E M Lucke M C Fisher Deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. M. O'Donnell - Hannibal Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 13 1954
MARION CO. HEALTH DEPT.
DATE FILED JAN 13 1954

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 .....
Student Embalmer

Signed Michael J. O'Donnell

Licensed Embalmer No. 3276

P. O. Address Hannibal Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.