

STANDARD CERTIFICATE OF DEATH

State File No. **5338**

FILED MAR 2 1954

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 69 days		d. STREET ADDRESS (If rural, give location) 2120 N. Elizabeth	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Sanatorium			

3. NAME OF DECEASED (Type or Print) George	a. (First)	b. (Middle) Albert	c. (Last) Babcock	4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 18, 1913	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Ellis Oil Co.	11. BIRTHPLACE (State or foreign country) Kirkville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Fredrick William Babcock	13b. MOTHER'S MAIDEN NAME Ida May Broyles	14. NAME OF HUSBAND OR WIFE Irene Babcock
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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) No	16. SOCIAL SECURITY NO. 486-14-9298	17. INFORMANT'S SIGNATURE OR NAME San. records, Mo.S.S., Mt. Vernon, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH ??
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><i>Pulmonary malignancy</i></u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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 12-9-1953 to 2-17-1954, that I last saw the deceased alive on 2-16-1954, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Mt. Vernon, Mo.	23c. DATE SIGNED 2-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-17-54	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery Springfield Mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 2-26-54	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Springfield Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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