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0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5917**

FILED MAR 8 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY **St. Francois** 09424
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE **Missouri** b. COUNTY **St. Francois**

b. CITY OR TOWN **Flat River** c. LENGTH OF STAY (In this place)
c. CITY OR TOWN **Desloge** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Fed. # 6 Lead Mines**
e. STREET ADDRESS (If rural, give location) 0940

3. NAME OF DECEASED (Type or Print)
a. (First) **Homer** b. (Middle) **Jesse** c. (Last) **Babb** 4. DATE OF DEATH (Month) (Day) (Year)
Feb. 22, 1955

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **April 19, 1909** 9. AGE (In years last birthday) **45** **10** Months **3** Days **0** Hours **0** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Machine Oper.** 10b. KIND OF BUSINESS OR INDUSTRY **St. Joe Lead** 11. BIRTHPLACE (City and State of Foreign Country) **Esther, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Joseph Babb** 13b. MOTHER'S MAIDEN NAME **Olive Hardy** 14. NAME OF HUSBAND OR WIFE **Orpha Babb**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) **no.** 16. SOCIAL SECURITY NO. **500-16-7900** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Orpha Babb Desloge, Missouri**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Artery Disease in St. Joseph Lead Co. mine that was accident involving an explosion of dynamite covering hole with mineral top of rock.**
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Multiple fractures and wounds, Skull fracture**
DUE TO (c) **Multiple fractures and wounds, Skull fracture**
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **wounds, Skull fracture**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **E 9192** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) **St. Joseph Lead Mine** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Flat River St. Francois MO.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) **Feb. 22, 1955 12:40 p.m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **accidental explosion while blasting rock underground**

22. I hereby certify that I attended the deceased from **Feb. 22, 1955**, to **Feb. 22, 1955**, that I last saw the deceased alive on **Feb. 22, 1955**, and that death occurred at **12:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **H. M. Roebber, M.D.** 23b. ADDRESS **Bonne Terre, Mo.** 23c. DATE SIGNED **2-23-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **2/24/55** 24c. NAME OF CEMETERY OR CREMATORY **ST. FRANCOIS MEO. PK.** 24d. LOCATION (City, town, or county) (State) **BONNE TERRE RR#1 MO**

DATE REC'D BY LOCAL REG. **Feb. 23, 1955** REGISTRAR'S SIGNATURE **Esther Rudeloff** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C. Z. BOYER & SON DESLOGE MO.**

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 1957

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 *C. J. Boyer*.....

Licensed Embalmer No. *1671*.....

P. O. Address *Hesloge, W*.....

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.