

FILED APR 28 1955

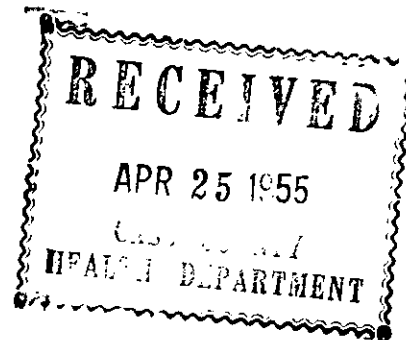
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11292

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4097		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY CASS 0191				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CASS 0190			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HARRISONVILLE		c. LENGTH OF STAY (In this place) 7 mos		c. CITY OR TOWN GUNN CITY		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION 603 E. WALL				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) LUCY		b. (Middle) BAIRD		c. (Last) BABYLON		4. DATE OF DEATH (Month) (Day) (Year) 4-16-55	
5. SEX F. /		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH 3-28-1876	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and State or Foreign Country) WALKER, MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME DAVID A. NANCE		13b. MOTHER'S MAIDEN NAME JOSEPHINE HOOK		14. NAME OF HUSBAND OR WIFE WILLIAM W. BABYLON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. AFALEE MURDOCK HARRISONVILLE, MO.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertensive arthritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombocytosis				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500				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 May 1948, to 4-16-1955, that I last saw the deceased alive on 4-16-1955, and that death occurred at 5 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Edmund S. Jones		(Degree or title)		23b. ADDRESS Harrisonville, Mo		23c. DATE SIGNED 4-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-18-55		24c. NAME OF CEMETERY OR CREMATORY ORIENT Ceme		24d. LOCATION (City, town, or county) (State) HARRISONVILLE, MO.	
DATE REC'D BY LOCAL REG. Apr 21, 1955		REGISTRAR'S SIGNATURE Dora Baird		457-1		25. FUNERAL DIRECTOR'S SIGNATURE Raymond Stanley Address O'Leary Hill, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Allen Brownfield*.....

Licensed Embalmer No. *278*

P. O. Address *Allen Brownfield*

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.