

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28889**

FILED **OCT 11 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **5258** Registrar's No. **116**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Barry</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give town): OR TOWN <b>Monett RR. 1</b>		c. LENGTH OF STAY (in this place) <b>5 Yrs.</b>	c. CITY OR TOWN <b>Monett</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 1 1/2 Miles S. Monett</b>		e. STREET ADDRESS (If rural, give location) <b>Rural, 1 1/2 Miles S. Monett</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>GENE</b> b. (Middle) <b>F.</b> c. (Last) <b>BABB</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Sept. 26, 1955</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 20, 1901</b>
<b>9. AGE</b> (In years last birthday) <b>54</b>	# UNDER 1 YEAR <b>7</b>	# UNDER 1 YEAR <b>6</b>	# UNDER 24 HRS. <b>Min.</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Clothing Salesman</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Cassville, Missouri</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>			
<b>13a. FATHER'S NAME</b> <b>Bascom Babb</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ella Smith</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Orel Babb</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>493-16-4239</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Orel Babb, Monett, Mo.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2</b>	
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.		<b>163X</b>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>1-10-55</u> , 19 <u>55</u> , to <u>9-26-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-6-55</u> , 19 <u>55</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <b>Frank Kern MD</b>		<b>23b. ADDRESS</b> <b>Monett Mo.</b>	<b>23c. DATE SIGNED</b> <b>9-28-55</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>9/29/55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Calvary</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Lawrence County, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>10-2-55</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Wm. P. Cook</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Wm. P. Cook Monett Mo.</b>	

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1055-341

DATE REC. 10-8-55

APR 18 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. D. Buchanan*

Licensed Embalmer No. 311

P. O. Address Mount

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.