

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8072

State File No. ....

FILED MAR 19 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 285

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>6 years</b>		e. STREET ADDRESS (If rural, give location) <b>701 Faraon St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>701 Faraon St.</b>			

3. NAME OF DECEASED (Type or Print) <b>MINNIE</b>	a. (First)	b. (Middle) <b>F.</b>	c. (Last) <b>BABCOCK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 9, 1956</b>
--	------------	--------------------------	-----------------------------	---

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>June 8, 1869</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
-------------------------	----------------------------------	--	---	--	---------------------------	-------------------------	---------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Agency, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	---	--

13a. FATHER'S NAME <b>James Matt</b>	13b. MOTHER'S MAIDEN NAME <b>Maggie Reynolds</b>	14. NAME OF HUSBAND OR WIFE <b>Oscar Babcock</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Roy Babcock, Agency, Mo.</b>	ADDRESS
---	--	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Arteriosclerosis dur 1 yr</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 <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 10/26/48, to 3/9/56, 19\_\_\_, that I last saw the deceased alive on 3/9/56, 19\_\_\_ and that death occurred at 10:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Ception Sweet</i>	(Degree or title)	23b. ADDRESS <b>St. Joseph, Mo. 218 North Seventh St.</b>	23c. DATE SIGNED <b>3/10/56</b>
--	-------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>3/11/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Agency Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Agency, Missouri</b>
--	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>Mar 14, 1956</b>	REGISTRAR'S SIGNATURE <i>Cather M. Allison Weston-Bowman</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>St Joseph Mo.</i>	ADDRESS
---	---	--	---------

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

485-0

---

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 *A. Eugene Wood*.....

Licensed Embalmer No. *3824*

P. O. Address *314 South H.*

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.