

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

10154

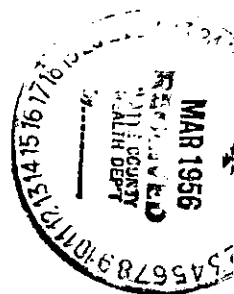
FILED APR 2 - 1956

State File No.

BIRTH NO.		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>5964</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. CITY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>			
b. CITY OR TOWN <u>Rural #1 Box 339</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY OR TOWN <u>Parkville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parkville Mo</u>				e. STREET ADDRESS (If rural, give location) <u>R7D. 1 - Box 339 0850</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Artie</u>		b. (Middle) <u>(None)</u>		c. (Last) <u>Babcock</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 10 - 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 3 - 1887</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Parkville, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Shepard</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ellen Ashby</u>		14. NAME OF HUSBAND OR WIFE <u>Dean Babcock</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dean Babcock</u>		ADDRESS <u>Parkville</u>	
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Generalized Arterio-sclerosis + arteriosclerosis</u> DUE TO (b) <u>hypertension</u> DUE TO (c) <u>hypertension</u> 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 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) m.		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 <u>1947</u> to <u>3/10/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/10/56</u> , 19 <u>56</u> , and that death occurred at <u>10:25 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Graham Parker MD</u>				23b. ADDRESS <u>Platte City Mo</u>		23c. DATE SIGNED <u>Mar 11 - 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Mar 13 - 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hampton</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 12 - 56</u>		REGISTRAR'S SIGNATURE <u>Uphie Ralline</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland H. Francis</u> ADDRESS <u>Parkville</u>			

(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, ~~only~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leland H. Francis*.....

Licensed Embalmer No. *34*.....

P. O. Address *Parker*.....

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