

FILED MAY 31 1956

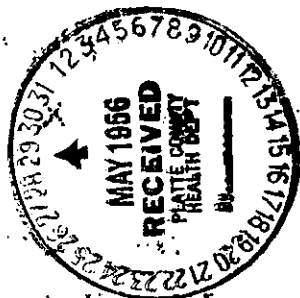
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17326

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 4423		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY <u>Platte 0830</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Platte 0830</u>			
b. CITY OR TOWN <u>Weston</u>		c. LENGTH OF STAY <u>1 yr.</u>		c. CITY OR TOWN <u>Parkville</u>		d. Is Residence within limits of a city or incorporated town? <u>Yes</u> ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Matthews Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>206 East St.</u>			
3. NAME OF DECEASED (First) <u>Florence</u>		b. (Middle) <u>Lusetta</u>		c. (Last) <u>Babcock</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 20-1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 15-1860</u>	
9. AGE (In years) <u>85</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Waldron Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Deceased</u>	
13a. FATHER'S NAME <u>Weston Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Baldwin</u>		14. NAME OF HUSBAND OR WIFE <u>Wm A. Babcock</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Babcock</u>		18. ADDRESS <u>206 East St. Parkville</u>		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive failure</u> DUE TO (c) <u>arteriosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 month</u> <u>10 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		22. I hereby certify that I attended the deceased from <u>1-6</u> , 19 <u>55</u> , to <u>4-19</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-19</u> , 19 <u>56</u> , and that death occurred at <u>4 a m.</u> , from the causes and on the date stated above.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		23a. SIGNATURE (Degree or title) <u>M.D. J. H. Thurman</u>	
23b. ADDRESS <u>118 1st Parkville mo</u>		23c. DATE SIGNED <u>5-22-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 22-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>		25. FORENSIC DIRECTOR'S SIGNATURE <u>L. H. Hume</u>		25. ADDRESS <u>Parkville Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 22, 56</u>		REGISTRAR'S SIGNATURE <u>Opelia Roelins</u>		26. FORENSIC DIRECTOR'S SIGNATURE <u>L. H. Hume</u>		26. ADDRESS <u>Parkville Mo</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, ~~or by~~, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *L. H. Francis*

Licensed Embalmer No. *345*

P. O. Address *Parkville*

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