

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31228**

FILED SEP 18 1956

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| BIRTH NO. _____ | | REG. DIST. NO. <u>170</u> | | PRIMARY REG. DIST. NO. <u>5626</u> | | Registrar's No. <u>154</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Camden</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Eldridge</u> | | c. LENGTH OF STAY (in this place) <u>9 mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Osage</u> | | d. STREET ADDRESS (If rural, give location) <u>Star Route Camden</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long Nursing Home</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> | | b. (Middle) _____ | | c. (Last) <u>Babenderade</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 7 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>April 14-1870</u> | |
| 9. AGE (In years last birthday) <u>86</u> | | 10. MONTHS <u>3</u> | | 11. DAYS <u>23</u> | | 12. IF UNDER 18 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Charles Huff</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Jones</u> | | 14. NAME OF HUSBAND OR WIFE <u>Charles H. Babenderade</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>Charles Babenderade</u> | | ADDRESS <u>Camden Mo</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>Myocardial Infarction</u> 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 Mos.</u> | |
| 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) <u>410X</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>July 1956</u> to <u>Sept 7, 1956</u> that I last saw the deceased alive on <u>Sept 6, 1956</u> and that death occurred at <u>2:45 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Dr. C. C. Loeber</u> | | | | 23b. ADDRESS <u>Camden, Mo.</u> | | 23c. DATE SIGNED <u>9-8-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Sept 10-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Montrose Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Chicago Ill.</u> | |
| DATE REC'D BY LOCAL REG. <u>9-8-1956</u> | | REGISTRAR'S SIGNATURE <u>Alilla L. Ray</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Banason-Woolley</u> | | ADDRESS <u>Camden Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton, Mo.

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 this body is not embalmed, fact should be so stated above.