

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH41339
STATE FILE NUMBER
5366

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke Hosp.</u>			Length of stay in lbs. <u>43 YRS.</u>		d. STREET ADDRESS (If outside, give location) <u>2207 EAST 59th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>FRED RICK</u> Middle <u>FOSTER</u> Last <u>BABBITT</u>				4. DATE OF DEATH <u>DEC. 9, 1956</u> Month <u>DEC.</u> Day <u>9</u> Year <u>1956</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR. 17, 1895</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. POWER + LIGHT</u>		11. BIRTHPLACE (City and state or country) <u>OAK GROVE, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>HOMER A. BABBITT</u>				14. MOTHER'S MAIDEN NAME <u>MAHALIE JANE MOORE</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or date of service) <u>YES</u> <u>W.W.I</u>		16. SOCIAL SECURITY NO. <u>487-01-0495</u>		17. INFORMANT Address <u>Mrs Lena Babbitt 2207-E-59 K.C. Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Partial left Hemiplegia, Generalized Arteriosclerosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u> <u>1 1/2 days</u> <u>4201</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>1:50</u> Month <u>12</u> Day <u>8</u> Year <u>56</u> a. m. <u>p. m.</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>KANSAS CITY</u> COUNTY <u>MO</u> STATE <u>MO</u>		
21. I attended the deceased from <u>9-23-49</u> to <u>12-8-56</u> and last saw her/him alive on <u>12-8-56</u> Death occurred at <u>1:50 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Chester E. Lee M.D.</u>				22b. ADDRESS <u>4114 Melrose Road K.C. Mo</u>		22c. DATE SIGNED <u>12-10-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>DEC-11-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>				
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u>			ADDRESS <u>K.C. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-11-56</u>		26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Chester E. LeeHealth, welfare, public service
300
-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no disease. An diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert Ray*.....

Licensed Embalmer No. *418*
P. O. Address *K.C., Mo.*

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.