

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14217

STATE FILE NUMBER

FILED APR 23 1957

Registration District No. 280

Primary Registration District No. 4423

Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Weston</u> <u>Weston</u> TOWN		Inside Limits Yes ☒ No ☐		c. CITY OR <u>Parkville</u> TOWN		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Haven of Rest Home</u>		Length of stay in lb <u>6 Mo.</u>		d. STREET ADDRESS <u>Rt #1</u> (If outside, give location)		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>Eldora</u> Last <u>Babcock</u>				4. DATE OF DEATH Month <u>Mar</u> Day <u>18</u> Year <u>1957</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH <u>Sept 20, 1875</u>	
9. AGE (In years last birthday) <u>81</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>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Berkeley Springs Virginia</u>			
11. BIRTHPLACE (City and state or country) <u>Berkeley Springs Virginia</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Sampson Groves</u>				14. MOTHER'S MAIDEN NAME <u>Isabel Yost</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Arvil Babcock</u> Address <u>Parkville</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>Cerebral Thrombosis</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>332X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Oct 56</u>	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒							
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u>11</u> a. m. <u>0</u> p. m. <u>0</u>							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Oct. 29-56</u> to <u>Mar 18, 57</u> and last saw <u>her</u> alive on <u>3-18-57</u>		Death occurred at <u>3 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R. J. Greening D.O.</u> (Degree or title)		22b. ADDRESS <u>Weston, Mo.</u>		22c. DATE SIGNED <u>3-19-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>March 20, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Parkville Mo.</u>	
24. FUNERAL DIRECTOR <u>Leland H. Francis</u> ADDRESS <u>Parkville</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 19-57</u>		26. REGISTRAR'S SIGNATURE <u>Uphria Rollins</u>			

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~, Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leland G. Francis*

Licensed Embalmer No. *3451*

P. O. Address *Parker, Ill.*

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