

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14267

STATE FILE NUMBER

FILED APR 24 1957

Registration District No. 29.1 Primary Registration District No. 5990 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN RURAL - Jackson Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Inside Limits TOWN Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm 0860 0 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GERTRUDE MARIE BABBITT		4. DATE OF DEATH Month Day Year APR-14-1957	
5. SEX F.	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 8, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEWORK		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME CHARLES F. BOEKENKAMP	
14. MOTHER'S MAIDEN NAME MYERS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) L	
16. SOCIAL SECURITY NO. L		17. INFORMANT GENEVA BABBITT Pollock Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral embolism Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Nonspecific infection of DUE TO (c) Cartilage of left shoulder joint PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		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 COUNTY STATE	
21. I attended the deceased from Death occurred at 8:25		6-28-'51 to 4-14-57 and last saw her alive on 4-13-57 Am on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) L. W. McDonald D.O.		22b. ADDRESS Unionville Mo	
22c. DATE SIGNED 4-15-57		23a. BURIAL, CREMATION, REMOVAL (Specify) B.	
23b. DATE Apr. 16 1957		23c. NAME OF CEMETERY OR CREMATORY Dixie Cem	
23d. LOCATION (City, town, or county) (State) Putnam Co. Mo		24. FUNERAL DIRECTOR F. D. Husted Unionville Mo	
25. DATE RECD. BY LOCAL REG. 4-20-1957		26. REGISTRAR'S SIGNATURE Marcella Dushin	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....

Licensed Embalmer No. 297

P.O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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