

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 3 - 1957

41656

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 377

1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>		
b. CITY (If outside corporate limits, give township only) OR TOWN <u>Farmington Rural</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Courtois Township</u>		Side Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mineral Area Hosp.</u>		Length of stay in lb <u>12 Days</u>	d. STREET ADDRESS (If outside, give location) <u>Berryman RR</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Lee</u> Last <u>Babb</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>28</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-23-1875</u>		9. AGE (In years last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Textile Saleman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Textile</u>		11. BIRTHPLACE (City and state or country) <u>Copynth, Mississippi</u>	
13. FATHER'S NAME <u>Robert Babb</u>			14. MOTHER'S MAIDEN NAME <u>Minervia Farley</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-05-7600</u>		17. INFORMANT <u>1024 Baten Lee Herron, St. Louis, 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>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerotic hypertension</u> DUE TO (c) <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> <u>year or more</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <u>11/16/57</u> to <u>11/28/57</u> and last saw <u>him</u> alive on <u>11/27/57</u> Death occurred at <u>8:04 am</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>W. A. Redlogg</u> (Degree or title)			22b. ADDRESS <u>Flat River Mo</u>		22c. DATE SIGNED <u>11/28/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-30-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Berryman Baptist Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Berryman, Mo.</u>
24. FUNERAL DIRECTOR <u>Arthur H. Smith</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 28, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Ether Redlogg</u>	

DEC 6 1957

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 *Lowell B. Selmer*

Licensed Embalmer No. *410*

P. O. Address *Woburn*

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.