

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 759

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 5390		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY OR TOWN Rural-Springcreek Tsp		c. LENGTH OF STAY (in this place) 7 wks		c. CITY OR TOWN Springcreek Tsp		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 3, Salem, Mo.				e. STREET ADDRESS (If rural, give location) Route 3, Salem, Mo.			
3. NAME OF DECEASED (Type or Print) NELLIE		a. (First) b. (Middle) c. (Last) CHRISTA ANNA BABB		4. DATE OF DEATH Jan 24 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept. 26, 1957	
9. AGE (In years last birthday) 3		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Karlsruhe, Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jackie Arnold Babb		13b. MOTHER'S MAIDEN NAME Brunhilda Engelbrecht		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Jackie Babb			
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) Death by Natural Causes (Jury Verdict) ANTECEDENT CAUSES Morbidity 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		7954		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Natural Causes		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hayden B. Powell, D.C. Coroner				23b. ADDRESS Salem, Mo.		23c. DATE SIGNED I-24-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 25 1958		24c. NAME OF CEMETERY OR CREMATORY Stagner Cemetery		24d. LOCATION (City, town, or county) (State) Dent County, Missouri	
DATE REC'D BY LOCAL REG. 1/25/58		REGISTRAR'S SIGNATURE M. M. Hart		FUNERAL DIRECTOR'S SIGNATURE Max L. Wargel		ADDRESS Salem, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Max L. Waibel

Licensed Embalmer No. 412

P. O. Address Salem, N.J.

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.