

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019099
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 241 Primary Registration District No. 5129 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Portageville R. 3</u>		c. CITY OR TOWN <u>Portageville R. 3</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PORTAGE TWP.</u>		d. STREET ADDRESS (If outside, give location) <u>0720</u>	
3. NAME OF DECEASED (Type or print) First <u>ANCE</u> Middle <u>(None)</u> Last <u>BABB</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>6</u> Year <u>1958</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"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-14-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>Retired Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Metropolis, Mo.</u>	
13a. FATHER'S NAME <u>Jim Bobb</u>		14. NAME OF HUSBAND OR WIFE <u>Uda May Bobb</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</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>Acute Cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour.</u>	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <u>Cardiac Hypertrophy</u>		<u>2 years.</u>	
DUE TO (c) <u>Arterio Sclerosis</u>		<u>4500</u> <u>5 years.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Nephrosis - Chronic prostatitis</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>5:30</u> a.m. <u>pm</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT <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>3-1-52</u> to <u>5-6-58</u> and last saw her alive on <u>5-6-58</u> Death occurred at <u>5:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James D. Cameron</u> (Degree or title) <u>D.D. 2</u>		22b. ADDRESS <u>Bloomfield, Mo.</u>	
22c. DATE SIGNED <u>5.10-58</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-8-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Wray Bayou</u>		23d. LOCATION (City, town, or county) (State) <u>New Portageville, Mo.</u>	
24. FUNERAL DIRECTOR <u>Lloyd Russell</u>		25. DATE RECD. BY LOCAL REG. <u>5/21/58</u>	
26. REGISTRAR'S SIGNATURE <u>Ellen M. Sikes</u>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8561 6 JUN

DATE RECEIVED MAY 27 1958
NEW MADRID CO. HEALTH CENTER



E. S.

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, ~~on~~ by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 509-99

P. O. Address Figgett, Pa

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.