

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019280

STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. 280 Primary Registration District No. 6964 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>Mo.</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parkville</u>		Inside Limits Yes ☐ No ☒		c. CITY OR TOWN <u>Parkville</u> <u>08.30</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		Length of stay in lb <u>79 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>R70. 1 Box 320</u>		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>ETTA</u> Middle <u>MYRTLE</u> Last <u>BABCOCK</u>				4. DATE OF DEATH Month <u>May</u> Day <u>10</u> Year <u>1958</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH <u>July 22-1878</u>	
9. AGE (In years at birth) <u>79</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>18</u>		11. UNDER 24 HRS. Hours <u>08</u> Min. <u>30</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>at home</u>		11. BIRTHPLACE (City and state or country) <u>Platte City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>	
13a. FATHER'S NAME <u>James A Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Porter</u>		13c. NAME OF HUSBAND OR WIFE <u>John E. Babcock</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>331X</u>		17. INFORMANT <u>John E Babcock</u> Address <u>Parkville 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>embolus - cerebral, arterial</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>12</u>	
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>8:14</u> Month <u>5</u> Day <u>7</u> Year <u>58</u> a.m. <u>0</u> p.m. <u>0</u>							
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK ☐ 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>8-14-57</u> to <u>death</u> and last saw her alive on <u>re 2 weeks ago</u> Death occurred at <u>0</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Curran</u> (Degree or title) <u>m.d.</u>				22b. ADDRESS <u>Parkville</u>		22c. DATE SIGNED <u>5/12/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>May-13-58</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Hampton</u>		23d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>	
24. FUNERAL DIRECTOR <u>Seland H. Francis</u> ADDRESS <u>Parkville</u>		25. DATE RECD. BY LOCAL REG. <u>May 13-58</u>		26. REGISTRAR'S SIGNATURE <u>B. Philip Rollins</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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

Leland H. Francis

401 main st.

Licensed Embalmer No.

3451

P. O. Address

Parkville

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.