

Health,
& Welfare
Public
Service
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027978
STATE FILE NUMBER

FILED AUG 6 1958		Registration District No. _____		Primary Registration District No. 3076		Registrar's No. 144	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Nevada Mo.		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF DECEASED (If not in hospital, give location) HOSPITAL OR INSTITUTION Tate Nursing Home 2 months		Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) Tresa Babcock				4. DATE OF DEATH Month July Day 18 Year 58			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH March 10, 1877	
9. AGE (In years less birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME John Marley		13b. MOTHER'S MAIDEN NAME Mary Marley		14. NAME OF HUSBAND OR WIFE Elijah Babcock			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Harold Babcock Nevada 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 Vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterios-sclerosis and hypertension DUE TO (c) Unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous cerebral vascular accident - April 11, 1958.						INTERVAL BETWEEN ONSET AND DEATH 48 hrs.	
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 _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE 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 April 11, 1958 to July 18, 1958 and last saw her alive on July 18, 1958 Death occurred at Nevada, Missouri 8:35 am on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>A. P. Moore</i> (Degree or title) 0				22b. ADDRESS Moore Building, Nevada, Mo.		22c. DATE SIGNED 7/19/1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 19 58		23c. NAME OF CEMETERY OR CREMATORY Douglas Cemetery		23d. LOCATION (City, town, or county) (State) Douglas Arizona	
24. FUNERAL DIRECTOR Beeny Funeral Home Sheldon Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 8-5-1958		26. REGISTRAR'S SIGNATURE <i>Anna E. Perry</i>	

(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.

AUG 1 1958

AUG 6 1958

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 *F. Gerald Beany*

Licensed Embalmer No. *4203*

P. O. Address *Sheldon Mo*

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.