

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 15 1959

59-038147

STATE FILE NUMBER

17

Registration District No. _____ Primary Registration District No. 239 Registrar's No. 5825

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>New Madrid</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Catron Rt. 1.</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>New Madrid</u>
Length of stay in 1b <u>35 yrs</u>		c. CITY OR TOWN <u>Catron Rt. 1</u>	Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>412 Mi. S.E. Parma</u>	Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Elbert</u>	Middle <u>Junior</u>	Last <u>Babcock</u>	Month <u>Sept.</u>	Day <u>24</u>	Year <u>1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>cauc.</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>July 29, 1924</u>		
9. AGE (last birthday) <u>35 yrs</u>			IF UNDER 1 YEAR	IF UNDER 24 HR	
			Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		
11. BIRTHPLACE (City and state or country) <u>Pascola Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Elbert Babcock</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Aleninder</u>		14. NAME OF HUSBAND OR WIFE <u>never married</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.		
17. INFORMANT <u>Mrs. Lula Babcock</u>			Address <u>Catron Mo Rtl.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>or once</u>
IMMEDIATE CAUSE (a) <u>Shot him self in right temple of head - With 22</u>		
DUE TO (b) <u>Pistol.</u>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>As above</u>
20c. TIME OF INJURY <u>9:00 a.m.</u>	Month, Day, Year <u>9-24-59</u>	

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>New Madrid, Mo.</u>	COUNTY <u>Mo.</u>	STATE <u>Mo.</u>
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21. I attended the deceased from _____ **to** _____ **and last saw her** _____ **alive on** _____
Death occurred at 9:15 A.M. **on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE <u>L.S. Hedges</u>	(Degree or title) <u>Coroner</u>	22b. ADDRESS <u>New Madrid Mo.</u>	22c. DATE SIGNED <u>9-26-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Sept. 26, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Hayti Missouri.</u>

24. FUNERAL DIRECTOR <u>Watkins Funeral Service</u>	ADDRESS <u>Parma Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-26-59</u>	26. REGISTRAR'S SIGNATURE <u>Dr. George Husted, M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Va

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.