URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 19 1960 Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 49

-60-031388
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Charleston, Mo.. Length of stay in 1b: 40 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mississippi
c. CITY OR TOWN: Charleston, Mo. Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 405 N. Heggie St, Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Lucy Middle: B. Last: Babb
4. DATE OF DEATH Month Day Year: Aug 6, 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 4/1/1880
9. AGE (last birthday): 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -
11. BIRTHPLACE (City and state or country): Bardwell, Ky
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Ransom Randall
13b. MOTHER'S MAIDEN NAME: Mary Bodkin
14. NAME OF HUSBAND OR WIFE: Wm. Smith Babb
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.: - - - - - - -
17. INFORMANT: W. S. Babb Address: Charleston, Mo..

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Thrombosis of Popliteal artery (left) — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis – Diabetes mell
DUE TO (c) Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): A-L Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 21 1958, to Aug 6 1960 and last saw her alive on Aug 6 1960
Death occurred at 5:15 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. Charles Rahming MD
22b. ADDRESS: Charleston Mo
22c. DATE SIGNED: 8/8/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/7/60
23c. NAME OF CEMETERY OR CREMATORY: Bardwell,
23d. LOCATION (City, town, or county) (State): Bardwell, Ky
24. FUNERAL DIRECTOR: Mc Mikle ADDRESS: Charleston, Mo..
25. DATE RECD. BY LOCAL REG.: 8-12-60
26. REGISTRAR'S SIGNATURE: Dorothy B Hadlow

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Elgin McMu

Signature of Student Embalmer

Licensed Embalmer No. 4695

P. O. Address Charlesto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.