

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043100

FILED VS NOV 23 1960

Registration District No. 80 Primary Registration District No. 80 Registrar's No. 80 STATE FILE NUMBER

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) <u>Parkville</u>		Length of stay in lb <u>17 yrs</u>		c. CITY OR TOWN <u>Parkville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>206 East St</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>206 East St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Weston</u> Last <u>Babcock</u>				4. DATE OF DEATH Month <u>Nov</u> Day <u>7</u> Year <u>1960</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"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-28-1881</u>	
9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>		IF UNDER 24 HR Hours <u>7</u> Min. <u>19</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Haint Stock</u>		11. BIRTHPLACE (City and state or country) <u>Waldron Mo</u>	
12. CITIZEN OF WHAT COUNTRY							
13a. FATHER'S NAME <u>Wm. A. Babcock</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Geice</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Turner Babcock</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. <u>489-24-3326</u>		17. INFORMANT <u>Lois Timberlake</u> Address <u>206 East St Parkville</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>Leukemia, plasma cell</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m.		Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <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>4-19-54</u> to <u>Nov 7, 1960</u> and last saw <u>her</u> alive on <u>Oct 18, 1960</u> Death occurred at <u>9 a m</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>A. C. Thurman M.D.</u>				22b. ADDRESS <u>1181st Parkville, Mo</u>		22c. DATE SIGNED <u>Nov 9-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 10-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Platte City</u>		23d. LOCATION (City, town, or county) (State) <u>Platte City Mo</u>	
24. FUNERAL DIRECTOR <u>Edward W. Francis Parkville</u>				25. DATE RECD. BY LOCAL REG. <u>Nov. 10. 1960</u>		26. REGISTRAR'S SIGNATURE <u>Theresa Rollins</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 30 1980

### 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 \_\_\_\_\_  
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.