K DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS JAN 23 1961

-60-048649

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6530 STATE FILE NUMBER

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1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 111 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K.C.,Mo. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY Sullivan
c. CITY OR TOWN POLLOCK — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ROBERT Middle STURGIS Last BABBITT
4. DATE OF DEATH Month DECEMBER Day 25 Year 1960
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 3-23-89
9. AGE (last birthday) 71 — 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) FARMER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) POLLOCK, MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME ANDREW BABBITT
13b. MOTHER'S MAIDEN NAME FLORA WILLIAMS
14. NAME OF HUSBAND OR WIFE n/a
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 480-16-5232
17. INFORMANT Official Records VA Hospital, K.C.,Mo. Address

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) pulmonary edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) old and recent myocardial infarctions
DUE TO (c) coronary atherosclerosis with focal occlusions
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
uremia due to chronic pyelonephritis due to prostatic hyperplasia
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. VA I attended the deceased from 9-5-60, to 12-25-60
Death occurred at 7:04 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE T. F. Fritzler (Degree or title) M. D.
22b. ADDRESS VA Hospital, K. C., Mo.
22c. DATE SIGNED 12-28-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-28-1960
23c. NAME OF CEMETERY OR CREMATORY Pollock Cemetary
23d. LOCATION (City, town, or county) (State) Pollock. Missouri
24. FUNERAL DIRECTOR D.W. Newcomer's Sons ~~Kansas City Missouri~~ ADDRESS
25. DATE RECD. BY LOCAL REG. 12-28-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Removal

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No.____

working under my personal supervision.

Student_____ Signed James W. Stes

Signature of Student Embalmer

Licensed Embalmer No. 3780

P. O. Address K. C.

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