

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014283

STATE FILE NUMBER

AMENDED

FILED APR 25 1961

Primary Registration District No. 3033 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		c. CITY OR TOWN Lebanon	
Length of stay in lb 80 yrs.		Inside Limits ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise G. Wallace		d. STREET ADDRESS (If outside, give location) 160 Crestline	
Reside on Farm ☐ Yes ☒ No ☒			
3. NAME OF DECEASED (Type or print) First Luella Middle Babb Last Babb		4. DATE OF DEATH Month April Day 17 Year 1961	
5. SEX female	6. COLOR OR RACE white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 7-1-80
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months 80 Days 80 Hours 80 Min. 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (City and state or country) KNOX Co., ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Theodore A. Bootan		13b. MOTHER'S MAIDEN NAME Ellen Haynes	
14. NAME OF HUSBAND OR WIFE Geo. E. 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. none	
17. INFORMANT Mrs. Catherine Grace, Lebanon Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Alcoholism of Laclede poor cardiac rupture. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Cardiac decompensation, chronic DUE TO (b) 1 year. DUE TO (c) 3 weeks		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)		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 8:12 a.m. A. Month, Day, Year April 17, 1961			
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 1960 to April 17, 1961 and last saw her alive on April 17, 1961 Death occurred at 8:12 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. W. Carrington M.D. (Degree or title)		22b. ADDRESS Lebanon, Mo.	22c. DATE SIGNED 4/18/61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-19-61	23c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery	23d. LOCATION (City, town, or county) Lebanon, Missouri
24. FUNERAL DIRECTOR J. J. Shadel ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 4-19-1961	26. REGISTRAR'S SIGNATURE Allella L. May

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1967

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 _____

Eric M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield, Y.

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.