

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037456

STATE FILE NUMBER

AMENDED

FILED NOV 14 1961

Primary Registration District No. 559v

Registrar's No. 143

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JEFFERSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM TOWNSHIP		Length of stay in lb 3 1/2 years		c. CITY OR TOWN FESTUS, MO.		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MT. VIEW NURSING HOME		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) R. R. #1		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLOTT M. BABOCK				4. DATE OF DEATH Month Day Year NOV. 9, 1961			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH AUG 26, 1864	
9. AGE (last birthday) 97		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME MAKER	
11. BIRTHPLACE (City and state or country) BATAVIA, ILL.		12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE DECEASED		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 GLENN A. BRIGGS	
18. CAUSE OF DEATH (Enter only one cause by line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH Worse 2 wks.		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 4-16-58 to 11-9-61 and last saw her alive on 11-6-61 . Death occurred at 8:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE R. A. Cody (Degree or title)		22b. ADDRESS Crystal City, Mo.		22c. DATE SIGNED 11-10-61		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE 11-10-61		23c. NAME OF CEMETERY OR CREMATORY OAK GROVE		23d. LOCATION (City, town, or county) ST. LOUIS		23e. STATE MISSOURI	
24. FUNERAL DIRECTOR James R. Cody		ADDRESS Crystal City, Mo.		25. DATE RECD. BY LOCAL REG. 11-10-61		26. REGISTRAR'S SIGNATURE Glenn A. Briggs	

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1962

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

— NOT EMBALMED —
Signed *James Richard Cadiz*

Licensed Embalmer No. *4309*

P. O. Address *CRYSTAL CITY, TX*

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.