MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014104
STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 5719 Registrar's No. 15

FILED MAY 2 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0100
2 0100
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4 1
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12 90-2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Boone County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Centralia TN — Length of stay in 1b: since '46
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: NW of Centralia — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Mabel Middle: Clarissa Last: Babcock

4. DATE OF DEATH: Month: April Day: 26 Year: 1962

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/20/1880
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months: 0 Days: 6 — 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: homemaker
11. BIRTHPLACE (City and state or country): nr Spring Valley, Minn.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William P. Thayer
13b. MOTHER'S MAIDEN NAME: Sarah Mason
14. NAME OF HUSBAND OR WIFE: C.M. Babcock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: C.M. Babcock, Centralia, 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): Cardiac Asthma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Debilitation of age
DUE TO (c): Inanition

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 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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Minnie R. Campbell (Degree or title) D.O.
22b. ADDRESS: Moberly Mo
22c. DATE SIGNED: Apr. 29 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 30, '62
23c. NAME OF CEMETERY OR CREMATORY: Centralia
23d. LOCATION (City, town, or county) (State): Centralia, Mo.

24. FUNERAL DIRECTOR: Bill Jo Meador — ADDRESS: Centralia, Missouri
25. DATE RECD. BY LOCAL REG.: April 30-1962
26. REGISTRAR'S SIGNATURE: Maud McBride

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 1962

JUL 16 1963

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 Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centralia, Missouri

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.