# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-021702
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1/070
2/070
3
4 0
5 1
6
7 0
8 2
9 4201
10
11
12 90-0
13 2-0

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

Registration District No. 354 Primary Registration District No. 6188 Registrar's No. 14

FILED MAY 29 1962

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cass twp. — Length of stay in 1b: 4 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8 miles NE Cabool — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Texas
c. CITY OR TOWN Cass twp. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 7 miles NE Cabool — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Ira Middle: Bunnion Last: Babbitt
4. DATE OF DEATH Month 5 Day 16 Year 62
5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/20/1890
9. AGE (last birthday) 72 — 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) farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Benton County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Sherman Babbitt
13b. MOTHER'S MAIDEN NAME Dora Bennett
14. NAME OF HUSBAND OR WIFE Ruth Babbitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ruth Babbitt, Address Cabool, 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) Acute Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe & Extensive
DUE TO (c)
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 5/14/62, to 5/16/62 and last saw him alive on 5/16/62
Death occurred at 8:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Burns, MD (Degree or title)
22b. ADDRESS Houston, Mo
22c. DATE SIGNED 5/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 5/19/62
23c. NAME OF CEMETERY OR CREMATORY Providence Cemetery
23d. LOCATION (City, town, or county) (State) Texas County, Mo.

24. FUNERAL DIRECTOR ADDRESS Elliott-Gentry Funeral Home, Cabool, Mo.
25. DATE RECD. BY LOCAL REG. 5-21-62
26. REGISTRAR'S SIGNATURE Gayne Bumgarner

(Licensed Embalmer's Statement on Reverse Side)

MAY 31 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

Signed James L. Hentz

Licensed Embalmer No. 4718

P. O. Address Calais, Me.

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.