

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014832

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 29

STATE FILE NUMBER

FILED MAY 9 1963

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Barry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cassville</u> | | c. CITY OR TOWN <u>Seligman</u> | |
| Length of stay in 1b <u>6 wks</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sunset Valley Rest Home</u> | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | |
|---|-------------------------------|--|-----------------------------------|
| 3. NAME OF DECEASED (Type or print) First <u>Vesta</u> Middle <u>J.</u> Last <u>Babcock</u> | | 4. DATE OF DEATH Month <u>April</u> Day <u>25</u> Year <u>1963</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-14-1879</u> |
| 9. AGE (last birthday) <u>83</u> | | IF UNDER 1 YEAR Months <u>83</u> Days <u></u> Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>White</u> | |
| 13a. FATHER'S NAME <u>Ephraim Morgan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Forgey</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mrs. Keith Bell-Cassville, Missouri</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>unknown</u> | |
| 17. INFORMANT <u>Mrs. Keith Bell-Cassville, Missouri</u> | | Address <u></u> | |

| | | |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lobar Pneumonia</u> DUE TO (b) <u>Influenza</u> DUE TO (c) <u></u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>10 days</u> |
|---|--|---|

| | | | |
|---|--|--|--|
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
|---|--|--|--|

| | | | |
|--|---|--|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> | Month, Day, Year <u></u> | | |

| | | | | |
|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 <u>June 1960</u> to <u>April 1963</u> and last saw her alive on <u>April 24th 1963</u> Death occurred at <u></u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

| | | |
|--|------------------------------------|--|
| 22a. SIGNATURE <u>Dapurdas & Co.</u> (Degree or title) | 22b. ADDRESS <u>Cassville, Mo</u> | 22c. DATE SIGNED <u>4-29-63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-30-1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bayless Cemetery</u> |
| 23d. LOCATION (City, town, or county) <u>Gateway, Arkansas</u> | | (State) |
| 24. FUNERAL DIRECTOR <u>Culver's</u> | ADDRESS <u>Cassville, Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>4-29-63</u> |
| 26. REGISTRAR'S SIGNATURE <u>Grace Williams</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0050

2 0050

3

4 1

5 2

6

7 0

8 0

9 480X

10

11

12 86-2

13 1-0

Burial permit obtained A.W.

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 Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville, Mo.

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.