

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015488

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 99

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER 32

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF BIRTH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maysville		c. CITY OR TOWN Maysville	
Length of stay in 1b Life		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last Olive Lavina Babbitt		4. DATE OF DEATH Month Day Year 5-4-63	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 7-8-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 89
11. BIRTHPLACE (City and state or country) Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lewis Norris		13b. MOTHER'S MAIDEN NAME Sophia Smalley	
14. NAME OF HUSBAND OR WIFE none		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.		17. INFORMANT Mrs Emmett Berry	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral embolus DUE TO (b) mural thrombosis DUE TO (c) myocardial infarction 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		INTERVAL BETWEEN ONSET AND DEATH 5 days 2 weeks	
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 January 1960 to 5-4-63 and last saw her alive on 5-4-63 Death occurred at 8 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Sweizer M.D.		22b. ADDRESS Maysville Mo	
22c. DATE SIGNED 5/11/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5-6-63		23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove	
23d. LOCATION (City, town, or county) Stewartsville Mo		23e. STATE Mo	
24. FUNERAL DIRECTOR John Brown		25. DATE RECD. BY LOCAL REG. 4-11-63	
26. REGISTRAR'S SIGNATURE Leticia E. Davidson			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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

John Brown

Licensed Embalmer No.

3933

P. O. Address

Mayville 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.