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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 20 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43165 339

Registration District No. 547 | Primary Registration District No. 3029 | Registrar's No.

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. ELIZABETH HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ralls
(c) City or town: Flaseo Mo (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Donald Eugene Babyak
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Nov (Month) 29 (Day) 1940 (Year)
8. AGE: Years — Months — Days 1 If less than one day ____ hr. ____ min.
9. Birthplace: Hannibal (City, town, or county) MO (State or foreign country)
10. Usual occupation: 0
11. Industry or business: 0
FATHER 12. Name: Andrew Babyak
13. Birthplace: ____ (City, town, or county) MO (State or foreign country)
MOTHER 14. Maiden name: Ruth Baker
15. Birthplace: — (City, town, or county) ILL (State or foreign country)
16. (a) Informant: Andrew Babyak
(b) Address: Flaseo Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 30-40 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Marys Cem.
18. (a) Signature of funeral director: James O'Donnell
(b) Address: Hannibal Mo
19. (a) Dec 3 1940 (Date received local registrar) (b) W C Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1940 hour ____ minute 3.30 p. M.
21. I hereby certify that I attended the deceased from 11-29, 1940, to 11-29, 1940 that I last saw h. alive on 11-29-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac dysfunction — Duration
Due to: Congenital defect
Due to: Heart stopped functioning
Due to: four hours after birth
Other conditions (Include pregnancy within 3 months of death): No external cause demonstrated
Major findings: Of operations: 1 1 C
Of autopsy: 1 0 no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 4 8 8 (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: J. Hardesty (M. D. ~~or other~~) Address: Hannibal Mo Date signed 12-3-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.