

FILED JUN 12, 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17472

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 192

0644-0

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Rails</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Center</u>	
c. LENGTH OF STAY (in this place) <u>2 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Elizabeth Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u> b. (Middle) <u>Mae</u> c. (Last) <u>Babb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec. 4, 1882</u>		9. AGE (In years last birthday) <u>67</u> Months <u>5</u> Days <u>27</u>		10. 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 (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>William Warcup</u>		13b. MOTHER'S MAIDEN NAME <u>Hanna Covington</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Edgar Babb</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles E. Babb Center Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolus to lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cardiac compensation</u>		<u>16 days</u>	
		DUE TO (c) <u>hypertensive heart disease</u>		<u>6 months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>malignant hypertension</u>		<u>6 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4437</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1</u>	

22. I hereby certify that I attended the deceased from May 15, 1950, to May 31, 1950, that I last saw the deceased alive on May 31, 1950, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gren Kerino M.D.</u> (Degree or title)		23b. ADDRESS <u>Janelia, Mo</u>		23c. DATE SIGNED <u>6/2/1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Center Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6-7-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lusk, Jr. W. W. Lusk</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. Cochran & W. Lusk</u>		ADDRESS <u>Center, Mo</u>	
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RECEIVED JUN 9 1950
MARION CO. HEALTH DEPT.
DATE FILED JUN 9 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John F. Ellis

Licensed Embalmer No. 4613

P. O. Address Reynolds

Signed.....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.