

FILED JUL 31 1952

STANDARD CERTIFICATE OF DEATH

State File No. **23751**

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 350

1. PLACE OF DEATH
 a. COUNTY **Butler**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Poplar Bluff, Mo.**
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION **None**

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
 a. STATE **Wisconsin** b. COUNTY **Butler**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Seymour**
 d. STREET ADDRESS (If rural, give location) **Unknown**

3. NAME OF DECEASED
 a. (First) **William** b. (Middle) **Thomas** c. (Last) **Babb**
 (Type or Print)
4. DATE OF DEATH (Month) **July** (Day) **17** (Year) **1952**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widowed**
8. DATE OF BIRTH **Aug. 16, 1880** **9. AGE** (In years last birthday) **71** **11** **2** **11** **2** **0** **0** **0** **0** **0** **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Yard Foreman Mo. Pac.** **10b. KIND OF BUSINESS OR INDUSTRY**
11. BIRTHPLACE (State or foreign country) **Wayne County, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.**

13a. FATHER'S NAME **Phillip Jasper Babb** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Lettie Clay Babb**

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'S SIGNATURE OR NAME** **Marvin Bowles, Piedmont, Mo.** **ADDRESS**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c).
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Internal hemorrhage**
ANTECEDENT CAUSES
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **perforated left lung**
 DUE TO (c) **backed over by truck**
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
E 8300 33

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** **Leeper - Wayne mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **July 17-1952 5P. m.** **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **Was behind a truck which backed over**

22. I hereby certify that I attended the deceased from **19**, to **19**, that I last saw the deceased alive on **19**, and that death occurred at **6:15P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Grover Wheeler** (Degree or title) **3** **23b. ADDRESS** **Wheeler home Poplar Bluff Mo** **23c. DATE SIGNED** **July 21-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **7-20-52** **24c. NAME OF CEMETERY OR CREMATORY** **P.O. Dayont Cem.** **24d. LOCATION** (City, town, or county) (State) **LEEPER, Mo.**

DATE REC'D BY LOCAL REG. **July 21-1952** **REGISTRAR'S SIGNATURE** **Wm. H. Johnson** **429 0** **25. FUNERAL DIRECTOR'S SIGNATURE** **Gish Funeral Home** **ADDRESS** **Piedmont, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

0124
3

RECEIVED

JUL 30 1952

BURLER CO. HEALTH CENTER

FILE No. 752-385

REC'D
JUN 3 1952
A.M. 10 1952

JUN 5 1953

REC'D
JUN 1 1952

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 _____

me

Student Embalmer No. ~~4426~~

working under my personal supervision.

Student
Student Embalmer

Signed *Merrin E Bowler*

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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 this body is not embalmed, fact should be so stated above.