

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24014

State File No.

MADE JUL 29 1952

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5320 Registrar's No. 19

270
1

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Palestine Twp)</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Palestine Twp)</u>		102??	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles East of Pilot Grove</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles East of Pilot Grove</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>LESKIE</u>	b. (Middle)	c. (Last) <u>FENTON BABBITT</u>	(Month) <u>July</u>	(Day) <u>19</u>	(Year) <u>1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan. 13, 1889</u>		9. AGE (in years last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Babbitt</u>		13b. MOTHER'S MAIDEN NAME <u>Maudie Oswald</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Babbitt</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Lena Babbitt</u>	
				ADDRESS <u>Pilot Grove, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Cardiac Dilatation</u>		<u>(?)</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		?	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10:00 to 11:00, 1952, that I last saw the deceased alive on July 21, 1952 and that death occurred at 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. DeLoach</u>		23b. ADDRESS <u>10 Colonel Bonnell Ave.</u>		23c. DATE SIGNED <u>7/21/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 21, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>	

DATE REC'D BY LOCAL OFFICE <u>July 21, 1952</u>		REGISTRAR'S SIGNATURE <u>Walter Muller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays Painter</u>	
				ADDRESS <u>Pilot Grove, MO</u>	

NOV 5 1952

SEP 30 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove 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.