

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30952

FILED SEP 22 1952

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 298

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri			b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (In this place) 21 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		D664			
d. FULL NAME OF HOSPITAL OR INSTITUTION 716 S. Pacific Street			d. STREET ADDRESS (If rural, give location) 716 S. Pacific Street						
3. NAME OF DECEASED (Type or Print) a. (First) Nancy			b. (Middle) Ellen		c. (Last) Babb		4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 5, 1860		9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Middle, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Charles Knight			13b. MOTHER'S MAIDEN NAME Lavina Davis		14. NAME OF HUSBAND OR WIFE J. Luke Babb				
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Everett Stallings					ADDRESS Cape Gir., Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis						INTERVAL BETWEEN ONSET AND DEATH
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)						
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Fractured Vertebrae						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221						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 8-15-52 to 9-12-52 that I last saw the deceased alive on 9/11/52 and that death occurred at 4:40A m., from the causes and on the date stated above.									
23a. SIGNATURE D. L. Smith			23b. ADDRESS Cape Girardeau, Mo.			23c. DATE SIGNED 9/13/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 14, 1952	24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.				
DATE REC'D BY LOCAL REG. 9-15-52		REGISTRAR'S SIGNATURE C. C. Summers		44-0		25. FUNERAL DIRECTOR'S SIGNATURE Howard L. Homan - Cape Gir., Mo.			ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Spence

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 Howard P. Haman

Signed.....
Student Embalmer

Licensed Embalmer No. 4132

P. O. Address Cape Girardeau, 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.