THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31678

STATE FILE NUMBER

FILED OCT 9 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4367

1. PLACE OF DEATH a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY CRAWFORD
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN PITTSBURG — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETERANS ADM. HOSPITAL — Length of stay in 1b 14 days	d. STREET ADDRESS (If outside, give location) 208 W. Park — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: EARL Middle: R. Last: BABCOCK		4. DATE OF DEATH Month Day Year: September 19, 1957	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: February 19, 1892
9. AGE (In years last birthday): 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Engineer	10b. KIND OF BUSINESS OR INDUSTRY: Retired	11. BIRTHPLACE (City and state or country): Thayer, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ezra Babcock		14. MOTHER'S MAIDEN NAME: Mary Walls	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. 511 10 3467	17. INFORMANT Address: VA Hospital Official Records, K. C. Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute pulmonary edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Massive myocardial infarction with rupture of interventricular septum

DUE TO (c) Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH: 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from September 4, 1957 to September 19, 1957 ~~xxxxxxxxxxx~~

Death occurred at 4:35 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): HARRY L. DOUGLAS, M.D.	22b. ADDRESS: VA Hospital, Kansas City, Mo.	22c. DATE SIGNED: 9-19-57
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL	23b. DATE: SEPT 21-1957	23c. NAME OF CEMETERY ~~OR CREMATORY~~: CROCKER CEMETERY
23d. LOCATION (City, town, or county) (State): PITTSBURG KANSAS		
24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: 10TH & BARNETT KANSAS CITY, KANSAS	25. DATE RECD. BY LOCAL REG.: 9-20-57	26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

KP 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester C Brown

Licensed Embalmer No. X

P. O. Address

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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