

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043491

STATE FILE NUMBER

FILED DEC 21 1958

Registration District No. 59

Primary Registration District No. 5224

Registrar's No. 182

S. 300  
1-57

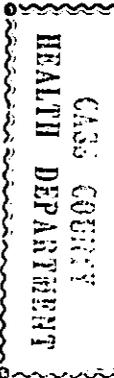
|   |                              |   |   |   |   |
|---|------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cass</u>  |                              |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Harrisonville</u>  |                              | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <u>Harrisonville</u> <u>0190</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>Memorial Hospital</u>  |                              | Length of stay in 1b<br><u>11 days</u>  | d. STREET<br>ADDRESS <u>R.F.D.# 2</u>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Joseph</u> Middle <u>Burris</u> Last <u>Babylon</u>  |                              |   | 4. DATE OF DEATH<br>Month <u>Dec.</u> Day <u>25</u> Year <u>1958</u>  |   |   |
| 5. SEX<br><u>M</u>  | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>April 7, 1879</u>  |   | 9. AGE (In years, last birthday)<br><u>79</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>farmer</u>  |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br>-----  | 11. BIRTHPLACE (City and state or country)<br><u>Johnson County, Missouri</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>   |
| 13a. FATHER'S NAME<br><u>Manual Josiah Babylon</u>  |                              | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Lehman</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Josephine Babylon</u> |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |                              | 16. SOCIAL SECURITY NO.<br><u>none</u>  | 17. INFORMANT<br>Address<br><u>Mrs. Josephine Babylon Harrisonville, Mo.</u>  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u><br>DUE TO (b) <u>Cerebral Arteriosclerosis</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>331X</u> |                              |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 Week</u><br><u>UNKNOWN</u>                   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                              | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>✓</u>  |   |   |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.   |                              | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>✓</u>  |   |   |   |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                              | 20f. CITY, TOWN, OR LOCATION<br><u>Harrisonville</u>  |   | STATE<br><u>Missouri</u>                                |   |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at <u>11 AM</u> <u>48</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |                              |   |   |   |   |
| 22a. SIGNATURE<br><u>O.P. Garvin MD.</u>  |                              |   | 22b. ADDRESS<br><u>Harrisonville Mo</u>   |   | 22c. DATE SIGNED<br><u>26 Dec. 1958</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>  |                              | 23b. DATE<br><u>12/27/58</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Orient Cemetery</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>Harrisonville, Missouri</u>       |
| 24. FUNERAL DIRECTOR<br><u>Brownfield-Stanley</u>   |                              |   | 25. DATE RECD. BY LOCAL REG.<br><u>12-26-58</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>Mr. Ray Subee</u>                                     |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 .....  
Signature of Student Embalmer

Signed *Raymond A. Stanley* .....

Licensed Embalmer No. *5008* .....

P. O. Address. *Pleasant Hill, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.