

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

000105  
STATE FILE NUMBER

FILED JUN 22 1959

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Cassville</b> 00 50 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Vincent's Hosp.</b>		Length of stay in 1b <b>1 wk.</b>	d. STREET ADDRESS (If outside, give location) <b>1109 West St.</b>
3. NAME OF DECEASED (Type or print) First <b>ZOE</b> Middle <b>D.</b> Last <b>BABB</b>			4. DATE OF DEATH Month <b>January</b> Day <b>9</b> Year <b>1959</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 10, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	9. AGE (In years last birthday) <b>76</b>
11. BIRTHPLACE (City and state or country) <b>Barry County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>B. F. Windes</b>		13b. MOTHER'S MAIDEN NAME <b>Crocia Rayl</b>	14. NAME OF HUSBAND OR WIFE <b>Emmett Babb</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>B. F. Babb-Cassville, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Probable acute coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4.251</b>
DUE TO (b) <i>arteriosclerotic cardio-vascular and disease 11 yrs.</i>			
DUE TO (c)			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Feb. 2, 1957</b> to <b>Jan. 9-1959</b> and last saw her alive on <b>Jan 8, 1959</b> Death occurred at <b>8:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Robert P. Doolley M.D.</i>		22b. ADDRESS <b>Monett, Missouri</b>	22c. DATE SIGNED <b>1-15-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-11-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Washburn Prairie Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Washburn, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Culver's Cassville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-16-59</b>	26. REGISTRAR'S SIGNATURE <i>Mrs P.N. Cook</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Margaret C. Herbert* .....

Licensed Embalmer No. *4389* .....

P. O. Address... *Cassville, N* .....

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.