

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004689

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fulton 61430		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 15 Yrs	d. STREET ADDRESS 822 Nichols St (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Fred Middle Russell Last Babbitt			4. DATE OF DEATH Month Feb. Day 7 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1896	9. AGE (In years at birthday) 62	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during last week or two, if any) Linotype Setter & Machinist Press		10b. KIND OF BUSINESS INDUSTRY Osoid Bell		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME F. W. Babbitt		13b. MOTHER'S MAIDEN NAME Minnie Lou Haley		14. NAME OF HUSBAND OR WIFE Helen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or (Specify)) No		16. SOCIAL SECURITY NO. 490-09-5667		17. INFORMANT Address Mrs. Helen Babbitt Fulton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death due to natural causes, according to the investigation made by Coroner Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Denzil C. Browning DUE TO (c) Denzil C. Browning					INTERVAL BETWEEN ONSET AND DEATH 79.54
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 5:00 Month, Day, Year a.m. P.M. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 _____ to _____ and last saw her/him alive on _____ Death occurred at About 5:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Maretta Lawrence</i> (Degree or title) Registrar			22b. ADDRESS Fulton, Mo		22c. DATE SIGNED Feb. 9-1959
23a. BURIAL, CREMATION, RECOVERY (Specify) Burial	23b. DATE Feb, 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery		23d. LOCATION (City, town, or county) Fulton, Mo (State)	
24. FUNERAL DIRECTOR <i>Wallace Funeral Home</i> ADDRESS Fulton, Mo		25. DATE RECD. BY LOCAL REG. Feb. 9. 1959		26. REGISTRAR'S SIGNATURE <i>Maretta Lawrence</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.

FEB 28 0 1959

FEB 25 1959

MAR 8 1959

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 *Walter R. Masune*

Licensed Embalmer No. *4996*
P. O. Address *Fulton, 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.