

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-021186

FILED JUL 13 1959/49

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3158

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 60 YRS.	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 217 S. ASKEW		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 217 S. ASKEW		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ERNEST WILLIAM BABLER			4. DATE OF DEATH Month Day Year JUNE 27 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/5/1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BREWERY WORKER		10b. KIND OF BUSINESS OR INDUSTRY BREWERY	11. BIRTHPLACE (City and state or country) STATER, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME MATHEW BABLER		13b. MOTHER'S MAIDEN NAME UNKOWN		14. NAME OF HUSBAND OR WIFE PEARL B. BABLER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 486-018013	17. INFORMANT Address 217 S. ASKEW K.C. MO. MRS. WAYNE BABLER			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular accident & a/s					INTERVAL BETWEEN ONSET AND DEATH 8 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) extreme hypertension						
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 WORK <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 June 19-59 to June 27-59 and last saw him alive on June 27-59 Death occurred at 7:45 am on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Earl V. Jones (Degree or title) Dr. Earl V. Jones Ph.D. D.O.			22b. ADDRESS 3600 St John		22c. DATE SIGNED 6-29-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE 6/30/59	23c. NAME OF CEMETERY OR CREMATORY ELMWOOD	23d. LOCATION (City, town, or county) KANSAS CITY Mo.		(State)	
24. FUNERAL DIRECTOR C.H. BLACKMAN & SON INC. K.C., Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 6-29-59	26. REGISTRAR'S SIGNATURE neva Minshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

~~or by~~ _____, Student Embalmer No. 4

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John O. Moore

Licensed Embalmer No. 4729

P. O. Address Kennett

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.