

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 23 1959

59-039901

Registration District No. \_\_\_\_\_

149

Primary Registration District No. \_\_\_\_\_

1002

Registrar's No. \_\_\_\_\_

5356

STATE FILE NUMBER

EMENDED

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS City</b>		c. CITY OR TOWN <b>KANSAS City</b>	
Length of stay in 1b <b>1 DAY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's</b>		d. STREET ADDRESS (If outside, give location) <b>2804 W. 42nd Ave</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Charles Victor Babcock</b>			4. DATE OF DEATH Month Day Year <b>Nov 8 - 1959</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>SEP 19-1876</b>	9. AGE (last birthday) <b>83 yrs</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or even if retired) <b>Railroad Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. Southern R.R.</b>		11. BIRTHPLACE (City and state or country) <b>Decatur, Ill</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>HENRY B. BABCOCK</b>		13b. MOTHER'S MAIDEN NAME <b>Isabelle Bates</b>	
14. NAME OF HUSBAND OR WIFE <b>Petronilla Babcock</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>70R-12-1901</b>	
17. INFORMANT <b>Louise Babcock</b>		Address <b>2804 W. 42nd Ave K.C. 3, Mo.</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>Acute Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Generalized Arteriosclerosis</b> <b>3 yrs</b>
		DUE TO (c) <b>Coronary Sclerosis</b> <b>3 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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 checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year	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 **April 1947** to **Nov. 8 1959** and last saw <sup>him</sup> alive on **8 Nov 1959**  
 Death occurred at **K.C. Mo. 10:15 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>James W Downey M.D.</b>	22b. ADDRESS <b>425 E 63rd K.C. Mo.</b>	22c. DATE SIGNED <b>11-9-59</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Nov-10-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. St. Marys</b>
23d. LOCATION (City, town, or county) <b>KANSAS City Missouri</b>	23e. FUNERAL DIRECTOR <b>LATES Funeral Home</b>	23f. ADDRESS <b>1901 Clathe Bud. KANSAS City, Kan</b>
23g. DATE RECD. BY LOCAL REG. <b>11-9-59</b>	26. REGISTRAR'S SIGNATURE <b>Neva Trinchell</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

James W. Downey

D.A. Downey - DE 3-7975  
425-5.63 IN-110520

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 Paul R. Williamson

Licensed Embalmer No. 5009  
P. O. Address Overland Park  
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.