

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025016

3295

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3295

H. FEB 20 1961

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **3 Months**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **3400 Genessee** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Jackson**
 c. CITY OR TOWN **Kansas City** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **3400 Genessee** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Frank Ellis Babcock**
 4. DATE OF DEATH Month Day Year **July 3, 1961**
 5. SEX **Male**
 6. COLOR OR RACE **White**
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **Feb. 12, 1902**
 9. AGE (last birthday) **59**
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Interior Decorator**
 10b. KIND OF BUSINESS OR INDUSTRY **Self**
 11. BIRTHPLACE (City and state or country) **Kansas City Kansas**
 12. CITIZEN OF WHAT COUNTRY **USA**
 13a. FATHER'S NAME **Earl H. Babcock**
 13b. MOTHER'S MAIDEN NAME **Bertha L. Stanton**
 14. NAME OF HUSBAND OR WIFE **Mary C. Babcock**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**
 17. INFORMANT **Mary C. Babcock** **3400 Genessee** **Kansas City 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) **Coronary Occlusion**
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 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 NOT WHILE AT WORK
 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 _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Hugh Owens Coroner**
 22b. ADDRESS **152 Union Station**
 22c. DATE SIGNED **7-3-61**
 23a. BURIAL (CREMATION, REMOVAL) (Specify) **Removal**
 23b. DATE **July 3, 1961**
 23c. NAME OF CEMETERY OR CREMATORY **St. C. Mem. Gardens**
 23d. LOCATION (City, town, or county) (State) **Overland Park Kansas**

24. FUNERAL DIRECTOR **Hoge Funeral Home** ADDRESS **Overland Park, Mo**
 25. DATE RECD. BY LOCAL REG. **7-3-61**
 26. REGISTRAR'S SIGNATURE **Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED 7-3-61
 INSTEAD OF widowed
 DOCUMENT
 BY AFFIDAVIT OF H. Owens Coroner
 ITEM NO. SHOULD READ 7 married

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

John R. Didmon

Licensed Embalmer No. 4531

P. O. Address Kansas City

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.