MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0016576
STATE FILE NUMBER

Registration District No. 306 Primary Registration District No. 3642 Registrar's No. 335

FILED APR 26 1966

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Item	Date Amended
1 C621	
2 C942	
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13 1-C	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — DOCUMENT — ITEM NO. — SHOULD READ — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Fredericktown — Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Madison Co. Memo. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Flat River, — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 218 4th. St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Joseph Middle: R. Last: Babb
4. DATE OF DEATH: April 18, 1966

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/4/1882
9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months 6 Days 14 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY: Lead
11. BIRTHPLACE (City and state or country): St. Genevieve Co.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Jesse Babb
13b. MOTHER'S MAIDEN NAME: Sarah Parks
14. NAME OF HUSBAND OR WIFE: Ollie Sue (Hardy) Babb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Walter Babb Address: Farmington, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Ht. Disease — Interval between onset and death: 3 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Arteriosclerosis

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 Apr 1, 1966 to Apr 18, 1966 and last saw him alive on Apr 18, 1966
Death occurred at 12:45P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. A. Huckstep M.D.
22b. ADDRESS: Farmington, MO
22c. DATE SIGNED: 4/21/66

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/21/1966
23c. NAME OF CEMETERY OR CREMATORY: Hillview Memo.
23d. LOCATION (City, town, or county) (State): Farmington, MO

24. FUNERAL DIRECTOR / ADDRESS: Murphy L. Sparks Flat River, MO
25. DATE RECD. BY LOCAL REG.:
26. REGISTRAR'S SIGNATURE: L. M. Garner, M.D.

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1966

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 Murphy L. Sparks

Licensed Embalmer No. 2424

P. O. Address Flat River 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.