

MINNESOTA DEPARTMENT OF HEALTH  
Section of Vital Statistics  
CERTIFICATE OF DEATH

25409  
REGISTERED NO.

REC'D NOV 13 1962

1. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY <b>Dodge</b>		2. USUAL RESIDENCE (Where deceased lived. If institute) a. STATE <b>Minnesota</b> b. COUNTY <b>Dodge</b>	
b. TOWNSHIP OR <b>Herstrand</b>		c. TOWNSHIP OR <b>West Concord</b>	
c. CITY OR VILLAGE <b>Herstrand</b>		d. CITY OR VILLAGE <b>West Concord</b>	
d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Ed Koberstien Residence</b>		e. P. O. ADDRESS ST.	

3. NAME OF DECEASED (Type or Print) <b>Birdge B. Babcock</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 15m 1962</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 18, 1902</b>	9. AGE (In years last birthday) <b>60</b>	If Under 1 Year Months   Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>dray operator &amp; general labor</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>West Concord, Minn</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13. FATHER'S NAME <b>Birdge L. Babcock</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Fogelson</b>	14. SPOUSE'S NAME <b>Julia Babcock</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>473 - 03 - 2323H</b>	17. INFORMANT'S OWN SIGNATURE <i>Julia Babcock</i>	ADDRESS <i>West Concord</i>
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18. Enter only one cause on lines (a), (b) and (c).  *(Give disease, injury or complication which was the IMMEDIATE CAUSE of death, not mode of dying, as heart failure, asphyxia, etc.)	1. DISEASE OR CONDITION LEADING DIRECTLY TO DEATH* (a) <b>Carcinoma of Prostate Gland</b>		TIME BETWEEN ONSET & DEATH <b>7 Yrs</b>
	2. OTHER SIGNIFICANT CONDITIONS Contributing to death but not related to disease or condition causing death. <b>As 4 metastatic deposits</b>		
18. MEDICAL CERTIFICATION		DUE TO (b) <b>Spinal ribs</b>	
18. MEDICAL CERTIFICATION		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, VILLAGE OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-15 1962 to 10-15 1962, that I last saw the deceased alive on 10-15 1962, and that death occurred at 3:15 AM., from the causes and on the date stated above.

23a. SIGNATURE <i>R. J. Hanson, M.D.</i>	(Degree or title)	23b. ADDRESS <i>Keegan, Minn</i>	23c. DATE SIGNED <b>10-15-62</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct 17, 1962</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Concord</b>	24d. LOCATION (City, village or county) (State) <b>Concord, Dodge, Minn.</b>
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DATE FILED BY LOCAL REGISTRAR'S SIGNATURE <b>Oct. 17, 1962</b> <i>Agnes C. Hanson, Dep.</i>	25. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER <i>C. J. Ferguson - West Concord - Minn</i>	ADDRESS
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WRITE BLAINLY, WITH UNFADING BLACK INK  
MARGIN RESERVED FOR BINDING

660  
200  
177X

Signature of Sub-Registrar *C. J. Ferguson*

1962  
10/16  
Burial or removal permit issued