

CERTIFICATE OF DEATH

262

1. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY Mower		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Minnesota	
b. CITY, XXXXXXXXXXXXXXXXXXXX Austin		c. CITY, XXXXXXXXXXXXXXXXXXXX Austin	
c. LENGTH OF STAY in 1 b. 1 yr.		d. STREET ADDRESS 400 - 15th Ave. S.W.	
d. NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION St. Olaf Hospital		POST OFFICE Austin, Minnesota	
e. IS PLACE OF DEATH INSIDE CORPORATE LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE INSIDE CORPORATE LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) JULIA JEANETTE BABCOCK		4. DATE OF DEATH Month Day Year Dec. 1 1964	
5. SEX Female	6. COLOR OR RACE Cauc.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 21, 1905
9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home maker	
11. BIRTHPLACE (State or foreign country) Minnesota		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Rafferty		13b. MOTHER'S MAIDEN NAME Sarah Bjugan	
14. SPOUSE'S NAME Birdge Babcock		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOC SEC NO. None		17. INFORMANT'S OWN SIGNATURE Mrs B.F. Houston	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) None		ADDRESS Austin, Minn.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY		
IMMEDIATE CAUSE (a) <u>pulmonary Edema</u>		1-2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause on line (c):		
DUE TO (b) <u>Hypertensive - Anterior - Heart Disease</u>		Years
DUE TO (c) <u>Renal insufficiency - Renovascular - Wilson Disease, Diabetes Mellitus</u>		Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
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20a. ACCIDENT, SUICIDE OR HOMICIDE. (SPECIFY)	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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, VILLAGE OR TOWNSHIP	COUNTY	STATE
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21. Certify I attended the deceased from Feb - 1963 to 12/1/64 and that I last saw the deceased alive on 12/1/64 and that death occurred at _____ on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Peter C. Tomney, M.D.	22b. ADDRESS 610 2nd ST. NW	22c. DATE SIGNED 12/14/64
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23a. BURIAL CREMATION: REMOVAL (Specify) Burial	23b. DATE Dec. 4, 1964	23c. NAME OF CEMETERY OR CREMATORY Concord Cemetery	23d. LOCATION (City, village or county) (State) West Concord Minnesota
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24. DATE FILED BY REG. 12/20/64	25. REGISTRAR'S SIGNATURE H.W. Jack-Ellis	26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR John A. Mayes	ADDRESS Austin Minnesota
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WRITE PLAINLY, WITH UNFADING BLACK INK
MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

REC'D JAN 12 1965

Signature of Sub Registrar

Burial or removal permit issued 12/2/64

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