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MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics

CERTIFICATE OF DEATH

Local File Number

280798000442 State File Number

1a Name of Deceased - First	Middle	Last	Suffix
CASSANDRA	ROSE	BABCOCK	

1a Alias	2 Social Security Number	3 Sex	4 Date of Death
	387-34-1830	Female	June 13, 1998

5 Date of Birth	6a Age (in years)	Under 1 Year: 6b months / 6c days	Under 1 Day: 6d hours / 6e minutes	7 Place of Birth (city and state/foreign country)
June 26, 1935	62			Manitowoc, Wisconsin

8a Father's Name (first middle)	8b Father's Last Name	9 Mother's Name (first middle maiden surname)
Pritchard	Reardon	Irene Schaden

10 Race	11a Hispanic Origin	11b If Yes, Specify Cuban, Mexican, etc.	12 Decedent's Education: 12a Primary/Secondary (0-12)	12b College (1-4, 5+)
White	No		12	0

13a Marital Status	13b Name of Spouse (if wife, specify maiden name)	14 Decedent's Usual Occupation
Married	Harold Larry Babcock	Homemaker/Care giver

15 Kind of Business or Industry	16 U.S. Veteran	17a State of Residence	17b County of Residence
Home	No	Wisconsin	Manitowoc

17c City or Township of Residence	17d Address of Decedent (number and street)	(Zip code)
Manitowoc	1720 South 25th Street	54220

17e Residence in City or Township	18a City or Township of Death	18b County of Death
City Limits	Rochester	Olmsted

19a Place of Death	Other Place of Death	19b If Hospital
XXX Hosp ___ N.H. ___ Res ___ Other		___ Inpatient ___ ER XXX DOA ___ Other

19c Name of Facility Where Death Occurred (if not institution, street address)
Saint Marys Hospital

20a Name of Informant	20b Informant is the _____ of the Decedent (spouse, child, parent, sibling, etc.)
Jeffrey Babcock	Son

21 Method of Disposition (specify all that apply) — Specify

___ Burial X Cremation ___ Donation ___ Entombment ___ Other

22 Date of Disposition: June 13, 1998

23 Name of Cemetery — City — State

24 If Cremation, Specify Name of Crematory	25 If Cremation, Specify Name of M.E. / Coroner Authorizing Cremation
Memorial Crematory	Dr. Paul G. Belau

26a Name of Funeral Establishment	26b License No.	27a Signature of Funeral Service Licensee	27b License No.	28 Date Signed
Ranfranz Funeral Home	0699	[signature]	9065	June 19, 1998

29a Name of Person Certifying Cause of Death > PLEASE TYPE	29b Title	29c License Number of Certifier
Paul G. Belau, M.D., Coroner	___ M.D. XX Coroner/M.E. ___ D.O.	14207

29d Address of Certifier (number and street)	29e City	29f State	29g Zip Code
2300 Government Center, 151 Fourth St SE	Rochester	Minnesota	55904

30 Signature of M.D. / M.E. / Coroner / D.O.	31 Date Signed	32 Signature of Registrar	33 Date Filed
[signature]	June 15, 1998	[signature] Joan M Boesen-Deputy	6-23-98

Signature of Sub-Registrar - Date: [signature] June 13, 1998

34 PART I > TYPE

Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying such as cardiac or respiratory shock or heart failure. Enter only one cause per line.

		Interval between onset and death
IMMEDIATE cause of death (final disease or condition resulting in death)	a. Acute coronary artery thrombosis.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING cause last (disease or injury that initiated events resulting in death).	b. Coronary artery atherosclerosis.	
	c.	

35 I attended the deceased from ___ (MO DAY YEAR) to ___ (MO DAY YEAR) and last saw her on ___ (MO DAY YEAR) I viewed the body after death ___ Yes ___ No

38 Time of Death: DOA 2033

36 PART II > TYPE

Other significant conditions contributing to death but not resulting in the underlying cause specified in PART I.

37 Was Female Pregnant: At Death? ___ Yes XX No ___ Unknown In Last 12 Months? ___ Yes ___ No XX Unknown

39 MANNER OF DEATH

XXX Natural

MUST BE REFERRED TO M.E. OR CORONER:
___ Accident
___ Homicide
___ Suicide
___ Pending Invest.
___ Cannot be Det.
___ Not Classifiable

40 M.E./ Coroner Notified	41 Autopsy	42 Were Autopsy Results Available When Filling in Cause of Death?	43 Diagnosis Deferred
XX Yes ___ No	XX Yes ___ No	XX Yes ___ No	___ Yes

44a Place of Injury (number and street, city / township, state)

44b Describe How Injury Occurred

44c Type of Place Where Injury Occurred	44d Date of Injury	44e Time of Injury	44f Injury at Work
			___ Yes ___ No

STATE OF MINNESOTA
COUNTY OF OLMSTED
I certify this to be a true copy of the original record in my custody.
Dated 6-23-98
Daniel J. Hall
County Recorder
By Joan M Boesen