

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

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

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dray operator & general labor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) West Concord, Minn	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Birdge L. Babcock	13b. MOTHER'S MAIDEN NAME Sarah Fogelson	14. SPOUSE'S NAME Julia Babcock
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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. 473 - 03 - 2323H	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) Carcinoma of Prostate Gland		TIME BETWEEN ONSET & DEATH 7 Yrs
	2. OTHER SIGNIFICANT CONDITIONS Contributing to death but not related to disease or condition causing death.		
ANTECEDENT CAUSES To 4 metastatic to pelvis		DUE TO (b) Spinal ribs	
		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 10-15-62
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Oct 17, 1962	24c. NAME OF CEMETERY OR CREMATORY Concord	24d. LOCATION (City, village or county) (State) Concord, Dodge, Minn.
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DATE FILED BY LOCAL REGISTRAR'S SIGNATURE Oct. 17, 1962 <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 PLAINLY, WITH UNFADING BLACK INK
MARGIN RESERVED FOR BINDER

660
200
177X

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

1962
10/16
Burial or removal permit issued