

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1205**
10

FILED JAN 27 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | | | |
|--|---|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Jackson</u> | | |
| b. CITY OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>15da</u> | c. CITY OR TOWN <u>Panama Village</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u> | | | e. STREET ADDRESS (If rural, give location) <u>4640 N. 72nd TERRACE</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> | | b. (Middle) <u>Ellen</u> | c. (Last) <u>Backus</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 3 - 54</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>10-20-1880</u> | 9. AGE (In years last birthday) <u>73</u> | 10. UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>TOWNA I</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Shard B. Eaton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura Ellen Eaton</u> | | 14. NAME OF HUSBAND OR WIFE <u>Siddney J. Backus</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. K.E. Smith - 4640 N. 72nd</u> | | |
| 15. ADDRESS <u>Panama Village</u> | | | | | |

| | | | | | |
|--|--|--------------------------------------|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> | | DUE TO (b) <u>Arteriosclerosis</u> | | | <u>3 weeks</u> |
| ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) | | DUE TO (c) <u>Gastric Hemorrhage</u> | | | <u>10 yrs</u> |
| II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) | | | | | <u>4201</u> |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

| | | |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ |
| 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? _____ |

22. I hereby certify that I attended the deceased from 12-19 1953, to 1-3 1954, that I last saw the deceased alive on 1-3-54, 1954, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

| | | | |
|--|-----------------------------|---|--|
| 23a. SIGNATURE <u>Elias E. Zirul</u> (Degree or title) <u>D.O.</u> | | 23b. ADDRESS <u>4748 Prospect K.C., Mo.</u> | 23c. DATE SIGNED <u>1/2/54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JAN-4-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY _____ | 24d. LOCATION (City, town, or county) (State) <u>ALCONA IOWA</u> |

| | | | |
|--|--|---|---|
| DATE REC'D BY LOCAL REG. <u>1-4-54</u> | REGISTRAR'S SIGNATURE <u>Heraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u> | ADDRESS <u>1331 DRUM CREEK KANSAS CITY, MO.</u> |
|--|--|---|---|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

John B. Lewis

Licensed Embalmer No. 48

P. O. Address KC, 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.