

STANDARD CERTIFICATE OF DEATH

26220

FILED SEP 6 1956

STATE FILE NUMBER

Registration District No. 389 Primary Registration District No. 2761 Registrar's No. 10

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
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|   |  |   |  |   |   |   |   |  |
|---|--|---|--|---|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Callaway</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>                 |   |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Rural Cedar Twp</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                        |  | c. CITY OR TOWN <b>New Bloomfield</b>   |   | Outside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Home</b>  |  | Length of stay in 1b<br><b>22 Years</b>   |  | d. STREET ADDRESS (If outside, give location)<br><b>Cedar Twp.</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>            |   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>William</b> Middle <b>Earnest</b> Last <b>Backer</b>  |  |   |  | 4. DATE OF DEATH<br>Month <b>Aug</b> Day <b>21</b> Year <b>1956</b>   |   |   |   |  |
| 5. SEX <b>Male</b>  |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>Nov-4-1895</b>   |   |  |
| 9. AGE (In years last birthday) <b>60</b>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____  |  | IF UNDER 24 HRS.<br>Hours _____ Min. _____  |   |   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, given if retired)<br><b>Distributor, &amp; Food</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Manufacturer</b> |   | 11. BIRTHPLACE (City and state or country)<br><b>Fulton, Missouri</b> |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13. FATHER'S NAME<br><b>Frederick Backer</b>  |  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Louise Backer</b>  |   |   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes W. War # 1</b>  |  | 16. SOCIAL SECURITY NO.<br><b>499-38-441</b>  |  | 17. INFORMANT<br>Address<br><b>Mrs. W. Earnest Backer Fulton, Mo.</b>   |   |   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cause unknown</b>   |  |   |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  | DUE TO (b) <b>Probable cardiac arrhythmia</b>   |  |   |   |   |   |  |
|   |  | DUE TO (c) <b>related to arithmetic medication</b>  |  |   |   |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>Bronchial asthma; Pulmonary Emphysema</b>                              |  |   |  |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><b>241X</b> |  |   |   |   |   |  |
| 20c. TIME OF INJURY<br>Hour _____<br>a. m. _____<br>p. m. _____   |  |   |  |   |   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <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, TOWN, OR LOCATION  |   | COUNTY STATE  |   |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>11:40 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |  |   |   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Tom Brewer MD</b>  |  |   |  | 22b. ADDRESS<br><b>Fulton, Mo.</b>  |   | 22c. DATE SIGNED<br><b>9-1-56</b>   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>Aug-23-1956</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Callaway Memorial Gardens</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Fulton Mo</b>                     |   |  |
| 24. FUNERAL DIRECTOR<br><b>Wallace Funeral Home, Fulton, Mo.</b>  |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>Sept 4-56</b>         |   | 26. REGISTRAR'S SIGNATURE<br><b>LeRoy Weyssol</b>                     |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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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 *Hector P. Masure*

Licensed Embalmer No. *49*

P. O. Address *Tulton,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.