

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039902

FILED VS NOV 17 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. **1002** Registrar's No. **5193**

UNRECORDED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 22 months	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 121 Ward Parkway		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 121 Ward Parkway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Rose Middle _____ Last Backlar	4. DATE OF DEATH Month Oct. Day 28, Year 1959
---	---

5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-14-1897	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
----------------------	-------------------------------	---	------------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
--	---	--	---

13a. FATHER'S NAME Fred Shuchart	13b. MOTHER'S MAIDEN NAME Frieda Bushman	14. NAME OF HUSBAND OR WIFE Joseph Backlar
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT Joseph Backlar, Address 121 Ward Pkwy.
--	-------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH CAUSED BY IMMEDIATE CAUSE (a) thrombosis of basilar artery		INTERVAL BETWEEN ONSET AND DEATH 15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) generalied arteriosclerosis	1 yr.
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) _____
--	---	--

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
--

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 **July 1959** to **Oct. 28-59** and last saw her alive on **Sept. 1, 1959**.
Death occurred at **8:30P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Walter Harvey Jacobs, M.D.	22b. ADDRESS 751 E. 63rd. St. Kansas City, Mo.	22c. DATE SIGNED 10-29-59
--	---	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 10-29-59	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
--	---------------------------	---	--

24. FUNERAL DIRECTOR J. P. Louis Funeral Home K. C. Mo. ADDRESS _____	25. DATE RECD. BY LOCAL REG. 10-29-59	26. REGISTRAR'S SIGNATURE Neve Minshel
--	--	---

DOCUMENT

BY AFFIDAVIT OF **Walter Harvey Jacobs, M.D.** MEDICAL CERTIFICATION

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 _____

Henry Duffington

Licensed Embalmer No. 2756

P. O. Address K.C. 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.