

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 17 1961

-61-000678

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 9

AMENDED

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City			Length of stay in 1b 4 days		c. CITY OR TOWN Bonnets Mill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys' Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Anton Middle John Last Backes, Jr.			4. DATE OF DEATH Month Jan. Day 12, Year 1961				
5. SEX Male	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 26 July 1887	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 4 Days 8 Hours Min. 		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (City and state or country) Loose Creek, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Backes			13b. MOTHER'S MAIDEN NAME Mary Rustemeyer		14. NAME OF HUSBAND OR WIFE Mrs. Johanna D. Backes		
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. None		17. INFORMANT Address Mrs. Elisabeth Koeingfeld, Linn, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Duodenum - Peptic ulcer (Bleeding) DUE TO (b) Arterio-sclerotic Heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
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 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.)				
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 7 / 15 / 38 to 1 / 12 / 61 and last saw ^{her} him alive on 1 / 11 / 61 Death occurred at 6:40 a. M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>W. U. McFally MD</i>			22b. ADDRESS 507 East High St. Jefferson City, Mo.		22c. DATE SIGNED 1/14/1961		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 14, 1961	23c. NAME OF CEMETERY OR CREMATORY St. Louis Catholic		23d. LOCATION (City, town, or county) (State) Bonnets Mill, Mo.		
24. FUNERAL DIRECTOR Elyde Morton Linn, Mo.			25. DATE RECD. BY LOCAL REG. 13 January 1961		26. REGISTRAR'S SIGNATURE <i>R.P. Davis, MD - Richter Dep</i>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 17 1961

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.