

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008027
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 50

AMENDED

FILED MAR 29 1961

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u>		c. CITY OR TOWN <u>Parkville</u>	
Length of stay in lb <u>48 hrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>7212 Walnut Drive</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Victor</u> Middle <u>De Backer</u> Last <u>De Backer</u>			4. DATE OF DEATH Month <u>3</u> Day <u>13</u> Year <u>61</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Cauc</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-1-87</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing</u>		11. BIRTHPLACE (City and state or country) <u>Johnson Co. Kan</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>August De Backer</u>		13b. MOTHER'S MAIDEN NAME <u>Dela - (don't know)</u>		14. NAME OF HUSBAND OR WIFE <u>Loretta De Backer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> , or unknown) (If yes, give war or dates of service) <u>no</u>			17. INFORMANT Address <u>Loretta De Backer, Parkville Mo</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u>		<u>48 hrs</u>	
DUE TO (b) <u>cerebral arteriosclerosis</u>		<u>10 years</u>	
DUE TO (c) <u> </u>		<u> </u>	
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"/> N. <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 <u> </u> a.m. <u> </u> p.m.	Month, Day, Year <u> </u> <u> </u> <u> </u>	<u> </u>	
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 <u>9-9-59</u> to <u>3-13-61</u> and last saw ^{her} him alive on <u>3-12-61</u>		Death occurred at <u>5:40 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>A.C. Thurman</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>1151st Parkville, Mo</u>		22c. DATE SIGNED <u>3-14-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Mar-14-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>	23d. LOCATION (City, town, or county) (State) <u>St Marys Kansas</u> <u>3-14-61</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Leland H Francis Parkville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-14-61</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

VA
MAR 29 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

Leland H. Francis

Licensed Embalmer No.

3451

P. O. Address

Parkville 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.