

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-020696
STATE FILE NUMBER

AMENDED FILED JUL 14 1961

Registration District No. 23012 Primary Registration District No. 70 Registrar's No. 70

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Leavenworth									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Length of stay in 1b 906 days		c. CITY OR TOWN Leavenworth		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Administration Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) East Side Rooms		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First CHARLES Middle LEO Last BACKUS				4. DATE OF DEATH Month July Day 7 Year 1961									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 5-18-92		9. AGE (last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber				10b. KIND OF BUSINESS OR INDUSTRY Barber				11. BIRTHPLACE (City and state or country) Mound City, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME George Backus				13b. MOTHER'S MAIDEN NAME Anna Penny				14. NAME OF HUSBAND OR WIFE - - -					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Grover C. Backus, brother 5731 Hadley, Merriam, Kansas							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Emphysema, bullous, severe with acute pericarditis and acute and chronic bronchitis.										INTERVAL BETWEEN ONSET AND DEATH 12 yrs.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - - - DUE TO (c) - - -													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1) Chronic pyelo-nephritis. (2) Tuberculosis, pulmonary, moderately advanced, inactive.								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 Jan. 13, 1959 to July 7, 1961 Death occurred at 2:15 A. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) F. J. MANTILLI, M.D., Acting Pathologist						22b. ADDRESS VA Consolidated Center Excelsior Springs Division Wadsworth, Kansas				22c. DATE SIGNED 7-10-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-11-61		23c. NAME OF CEMETERY OR CREMATORY National				23d. LOCATION (City, town, or county) (State) Excelsior Springs, Missouri					
24. FUNERAL DIRECTOR Richard Funeral Home, Inc.						25. DATE RECD. BY LOCAL REG. 7-13-61		26. REGISTRAR'S SIGNATURE Caroline Hutchings					

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

Ralph Van Landingham

Licensed Embalmer No. 4099

P. O. Address *Osceola Springs*

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.