ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 375 -61-032113 STATE FILE NUMBER

AMENDED

FILED SEP 18 1961

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Scott
c. CITY OR TOWN: Benton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): *** — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Rose Middle: Margaret Last: Backfisch
4. DATE OF DEATH: Month: September Day: 10 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-24-1889
9. AGE (last birthday): 72 — 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: Home
11. BIRTHPLACE (City and state or country): New Hamburg, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: William G. Wiedefeld
13b. MOTHER'S MAIDEN NAME: Mary Leible
14. NAME OF HUSBAND OR WIFE: Joseph Backfisch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Chas. Backfisch Address: Benton, Mo.

MEDICAL CERTIFICATION

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): Chro Carcinoma, metastatic of abdomen — 1 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Carcinoma of pancreas — 3 mo
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Dec 60, to 10 Sep 61 and last saw her/him alive on 9 Sep 61
Death occurred at 4:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh V. Ashley Jr MD
22b. ADDRESS: Cape Girardeau Mo.
22c. DATE SIGNED: 12 Sep 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-12-1961
23c. NAME OF CEMETERY OR CREMATORY: St. Denis Cath. Ch. Cemetery
23d. LOCATION (City, town, or county) (State): Benton, Mo.

24. FUNERAL DIRECTOR: Ford & Sons ADDRESS: Benton, Mo.
25. DATE RECD. BY LOCAL REG.: 9-13-61
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

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 _____ Signed W. D. Ford
Signature of Student Embalmer

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, M

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