

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

696

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>11</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Cooper</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>At Home, 1015 Sixth St.</u>				d. STREET ADDRESS (If rural, give location) <u>1015 Sixth St.</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Lizzie</u>		b. (Middle) _____		c. (Last) <u>Back</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>January 21 1949</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>February 21<sup>st</sup> 1869</u>		
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Daniel Back</u>			13b. MOTHER'S MAIDEN NAME <u>Christiana Schupp</u>			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) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Katie Huber Boonville, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis</u>					<u>years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Smoking</u>					<u>1 1/2</u>	
		DUE TO (c) _____					<u>11 501</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gangrene r. heel.</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>June 1947</u> to <u>Jan 21, 1949</u> , that I last saw the deceased alive on <u>Jan 17, 1949</u> , and that death occurred at <u>4:00 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>1/22/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>January 23<sup>rd</sup> 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Evan. Cem. Near Pilot Grove, Missouri</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>Jan 22-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman &amp; Boller Boonville, Missouri</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 2-11-49

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 .....  
Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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 this body is not embalmed, fact should be so stated above.