

FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29446

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 325

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 208 Court St.,	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 208 Court St.,			

3. NAME OF DECEASED (Type or Print) a. (First) Philip	b. (Middle) F	c. (Last) Backer	4. DATE OF DEATH (Month) (Day) (Year) Sept 20 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 21. 1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 0	IF UNDER 4 HRS. Days 29	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Fulton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Backer	13b. MOTHER'S MAIDEN NAME Catherine	14. NAME OF HUSBAND OR WIFE Amelia Renner Backer
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Amelia Backer	ADDRESS Fulton, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  About 30 minutes.  332Y
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Endocarditis		
II. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 24, 1947, to Sept 20 1949 that I last saw the deceased alive on Sept 20, 1949, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. N. Brewster M.D.	(Degree or title) M.D.	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 9/23/49
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24a. BURIAL, CREMATION-REMOVAL (Specify) Burial	24b. DATE Sept, 25, 1949	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Fulton, Mo
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DATE REC'D BY LOCAL REG. Sept 23-1949	REGISTRAR'S SIGNATURE Marelta Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home, Fulton, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

District Health Officer No. 9,  
SEP 27 1949  
District File Number

NOV 16 1949

OCT 22 1949

OCT 6 1949

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. 339

working under my personal supervision.

Student Russell C. Magg  
Student, Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fuller 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.