

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 769

BIRTH NO. 396 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 32 years		d. STREET ADDRESS (If rural, give location) 516 W. Scott Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 516 W. Scott Street		516 W. Scott Street	

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) M. c. (Last) BACKLUND			4. DATE OF DEATH (Month) (Day) (Year) Jan. 1, 1950.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8 Feb. 1868	9. AGE (In years last birthday) 80	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) Shoe repairman		10b. KIND OF BUSINESS OR INDUSTRY Shoe shop	11. BIRTHPLACE (State or foreign country) Stockholm, Sweden		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Anna Backlund	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Backlund, Springfield, Mo	

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 Chronic Myocardial Disease			INTERVAL BETWEEN ONSET AND DEATH 2 yr.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)		DUE TO (b)			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4343

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 12-26, 1949, to 1-1, 1950, that I last saw the deceased alive on 12-26, 1949, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE May J. Stitt		(Degree or title) MO		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 1-6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3 Jan 1950		24c. NAME OF CEMETERY OR CREMATORY East Lawn		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	

DATE REC'D BY LOCAL REG. 1-7-50		REGISTRAR'S SIGNATURE W. G. Standley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank C. Thomas, Springfield, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Ralph H. Thies.....

Licensed Embalmer No. 3681.....

P. O. Address Springfield, Missouri.....

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.