

FILED JUL 12 1950

STANDARD CERTIFICATE OF DEATH

19685

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>4114</u>		Registrar's No. <u>88</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mendon</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mendon</u>		<u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>U</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George S</u> b. (Middle) <u>Backus</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27/50</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 3rd 1864</u>	9. AGE (In years last birthday) <u>85</u>	# UNDER 1 YEAR Months <u>1024</u>	# UNDER 6 HRS. Hours <u>Mins.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>		11. BIRTHPLACE (State or foreign country) <u>Roanoke Vir.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Glover C Backus</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Bell</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Backus</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lula Backus Mendon 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4301</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 years</u>	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mendon Chariton Mo.</u>			
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			
22. I hereby certify that I attended the deceased from <u>Feb 16</u> , 1950, to <u>June 27</u> , 1950, that I last saw the deceased alive on <u>June 27</u> , 1950, and that death occurred at <u>6:00pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. W. H. Payne, D.O.</u>				23b. ADDRESS <u>Mendon Mo</u>		23c. DATE SIGNED <u>June 27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/29/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mendon</u>		24d. LOCATION (City, town, or county) (State) <u>Mendon Mo.</u>			
DATE REC'D BY LOCAL REG <u>6-29-50</u>	REGISTRAR'S SIGNATURE <u>Mildred Bank</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>S. T. Keipert</u>		ADDRESS <u>Mendon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1962

RECEIVED JUL 5 1950
District Health Officer No. 10
District File Number 74-50-1076
Date Filed JUL 6 1950

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed S. L. Lipard

Licensed Embalmer No. 3970

P. O. Address Mendon 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.