

STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1951

0582
0

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

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH a. COUNTY <u>Binn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Binn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		<u>0582</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookfield Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>139 East Clark</u>			
3. NAME OF DECEASED a. (First) <u>GUSTAVUS</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>BACKSTROM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-29-1951</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>Sept-27-1880</u>		9. AGE (In years last birthday) <u>71</u>	Months <u>2</u>	Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <u>Retired P.R. Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Engineer</u>		11. BIRTHPLACE (State or foreign country) <u>Boston Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Gustavus P. Backstrom</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Selander</u>		13c. NAME OF HUSBAND OR WIFE <u>Margt Backstrom</u>			
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margt Backstrom</u> ADDRESS <u>Brookfield 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>Chronic Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u>					<u>10 da</u>
		DUE TO (c) <u>Carcinoma of prostate</u>					<u>18 mo</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>metastases to liver</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>				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)		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>11-20, 1951</u> , to <u>11-29, 1951</u> , that I last saw the deceased alive on <u>11-29, 1951</u> , and that death occurred at <u>12:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G B Emrich, MD</u> (Degree or title)				23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>12/1</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec-1-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Michael</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-7-51</u>		REGISTRAR'S SIGNATURE <u>Glynnette Burkholder</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Blacklock</u>		ADDRESS <u>Brookfield Mo</u>	

JAN 1967

FEB 13 1966

Date Received: DEC 10 1957
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2250
Date Filed: DEC 11 1957

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.....

Signed J. B. Blacklock

Signed.....
Student Embalmer

Licensed Embalmer No 2246

P. O. Address Brookfield 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.