

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42256

State File No. ....

FILED JAN 5 1952

BIRTH NO. ....		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5756</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>MARIES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARIES</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (JEFFERSON TWP)</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (JEFFERSON TOWNSHIP)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAMILY HOME</u>				d. STREET ADDRESS (If rural, give location) <u></u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>IDA</u>		b. (Middle) <u>BACKUES</u>		c. (Last) <u></u>	
4. DATE OF DEATH		(Month) <u>DEC</u>		(Day) <u>22</u>		(Year) <u>1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Jan 28-1985</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ownhome</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>DECATUR GRIFFITH</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ROGERS</u>		14. NAME OF HUSBAND OR WIFE <u>MAURICE BACKUES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MAURICE BACKUES</u> ADDRESS <u>* BELLE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Amiotrophic lateral sclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3561</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) (Min.)		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>August 1948</u> , to <u>12-22, 1951</u> , that I last saw the deceased alive on <u>12-21, 1951</u> , and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Pauline Howard</u> (Degree or title)		23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>12-27-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/24/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>liberty cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belle Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-28-51</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sassmann's Funeral Service-Bland</u> ADDRESS <u></u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
DEC 30 1951  
DISTRICT HEALTH OFFICE NO. 1  
File No.

### 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 Charles E. Garrison

Licensed Embalmer No. 4128

P. O. Address Bland - Ind.

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.