

STANDARD CERTIFICATE OF DEATH

9555

State File No.

FILED MAR 23 1952

BIRTH NO. 1137 REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 6049 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R. Augusta Mo</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R. Augusta Mo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0920</u>		
3. NAME OF DECEASED (Type or Print) <u>RALTON C. L. BACKHAUS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 13 - 52</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Jan. 3 - 1952</u>		9. AGE (In years last birthday) <u>2</u>		10. IF UNDER 1 YEAR Days <u>10</u> Hours <u>15</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>WASH. STATE, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>EMMET B BACKHAUS</u>		13b. MOTHER'S MAIDEN NAME <u>ELISABETH HENNECKE</u>	
14. NAME OF HUSBAND OR WIFE		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>Emmet Backhaus</u>		ADDRESS <u>Augusta 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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Revitalized for birth</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>344X</u>	
20. AUTOPSY? YES ☐ NO ☒		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) <u>2:30</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Birth, 1952, to March 13, 1952, that I last saw the deceased alive on March 13, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.		23a. SIGNATURE <u>H. C. Johnson M.D.</u> (Degree or title)	
23b. ADDRESS <u>Northville Mo</u>		23c. DATE SIGNED <u>3/14/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar. 15 - 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fernie Osgood Cemetery, Fernie Osgood Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>March 16, 1952</u>		REGISTRAR'S SIGNATURE <u>Miss Viola Fluessmeyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oliver Thieling</u> ADDRESS <u>Augusta Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Olie Shiering

Licensed Embalmer No. *3757*

P. O. Address *Augusta 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.