

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39844

State File No. _____

No. 300
10. 48

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5883 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL, LINN TWP</u>		c. LENGTH OF STAY (in this place) <u>84 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL, LINN TWP</u>		d. STREET ADDRESS (If rural, give location) <u>BONNOTS MILL, MO. R D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>BACKES, SR.</u> c. (Last) <u>BACKES, SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 14, 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12/25/1869</u> <u>DECEMBER</u>	9. AGE (in years last birthday) <u>83</u>	10. AGE (in yrs. Months) (Days) (Hours) (Mins.) <u>11 19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Loose Creek, Mo.</u>	
13a. FATHER'S NAME <u>Aug Backes</u>			13b. MOTHER'S MAIDEN NAME <u>Theresa Kramer</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Samson Backes</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Backes. Loose Creek, Mo.</u>	
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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>Generalized arteriosclerosis</u> <u>arteriosclerosis heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac decompensation</u> DUE TO (c) <u>various.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>April 1953</u> <u>Nov 14 '53</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>4/200</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?	
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22. I hereby certify that I attended the deceased from April, 1953, to Oct 9, 1953, that I last saw the deceased alive on Oct 9, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. McStoney MD</u>		(Degree or title)		23b. ADDRESS <u>Jefferson City, Mo</u>	
				23c. DATE SIGNED <u>11/16/53</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/17/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Loose Creek,</u>	
				24d. LOCATION (City, town, or county) (State) <u>Loose Creek, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Nov 21-1953</u>		REGISTRAR'S SIGNATURE <u>Ta Schmitt</u>		25. FUNERAL HOME'S SIGNATURE <u>Morton Funeral Home</u>	
				ADDRESS <u>Linn, Mo.</u>	

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

0760

DEC 19 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Vernon M. Mouton

Licensed Embalmer No. *4125*

P. O. Address *Levin 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.