

FILED OCT 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34501

State File No. ....

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6068 Registrar's No. 287

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Big River Twp.</u>		c. CITY OR TOWN <u>0940</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Star Route Valles Mines</u>		STREET ADDRESS (If rural, give location) <u>Star Route Valles Mines, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Backan</u> c. (Last) <u>Backan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6 1955</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>June 18, 1882</u>	9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
--------------------	-------------------------------	---	---------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Myscowa Austria</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	---	--

13a. FATHER'S NAME <u>Steve Backan</u>	13b. MOTHER'S MAIDEN NAME <u>Patricia Dahoda</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Backan</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Julia Backan</u> ADDRESS <u>Star R. Valles Mines 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute bacterial meningitis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Pericardial effusion</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Agates, Cholesterol deposits</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Sept 15, 1955, to Oct 6, 1955, that I last saw the deceased alive on 10-4, 1955, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. O. Backan M.D.</u> (Degree or title)	23b. ADDRESS <u>Deeridge Mo</u>	23c. DATE SIGNED <u>10-11-55</u>
---	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/10/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Russian</u>	24d. LOCATION (City, town, or county) (State) <u>St. Francois Co., Mo.</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Oct. 11, 1955</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer-Benham</u> ADDRESS <u>Bonne Terre, Mo.</u>
---	---	--

(Licensed Embalmers' Statement on Reverse Side)

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

300  
48

40

10318

SEP 6 1956  
SEP 28 1956

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.....  
Signature of Student Embalmer

Signed *B.T. Boyer*

Licensed Embalmer No. *36*

P. O. Address *Albany*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.