

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 30 1956

State File No. **24628**
Registrar's No. **99**

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		State File No. 24628 Registrar's No. 99	
1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY PIKE			
b. CITY OR TOWN LOUISIANA		c. LENGTH OF STAY (in this place) 24 YRS		c. CITY OR TOWN LOUISIANA		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL SPRING HOSP.				e. STREET ADDRESS (If rural, give location) 823 GAP ST.			
3. NAME OF DECEASED (Type or Print) ALEXANDER		a. (First)		b. (Middle) BACK		c. (Last)	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH DEC 4, 1896	
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMER		11. BIRTHPLACE (City and State or Foreign Country) CODY, KENTUCKY		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JAMES BACK		13b. MOTHER'S MAIDEN NAME ELIZABETH ROBERTS		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. I 490-09-7468		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pyelonephritis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alkalosis				INTERVAL BETWEEN ONSET AND DEATH 20 days 10 months 9 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY YES ☐ NO ☒		21. ACCIDENT SUICIDE HOMICIDE (Specify) none	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21c. HOW DID INJURY OCCUR?		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		21g. DATE SIGNED July 15, 1956		21h. DATE SIGNED July 15, 1956	
22. I hereby certify that I attended the deceased from Oct 6, 1955 , to July 15, 1956 , that I last saw the deceased alive on July 14, 1956 , and that death occurred at 3:15 A.M. , from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) David L. Bilyeu, D. M. S.		23b. ADDRESS 220 N. 5th St. Louisville, Mo.	
24a. DATE July 17, 1956		24b. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM.		24c. LOCATION (City, town, or county) (State) LOUISIANA, MO.		24d. DATE SIGNED July 15, 1956	
24e. DATE REC'D BY LOCAL REG. July 17, 1956		24f. REGISTRAR'S SIGNATURE Bernice Calhoun		24g. FEDERAL DIRECTOR'S SIGNATURE Geo. M. Calhoun		24h. ADDRESS Louisiana	

(Licensed Embalmer's Statement on Reverse Side)

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

9661 5 d3S

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.....
Licensed Embalmer No. 389

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes cause for revocation of license).
If embalmed by a STUDENT, he shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.