

FILED-DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45065**

BIRTH NO. _____		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 5756		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries			
b. CITY OR TOWN Jetterson Township		c. LENGTH OF STAY in this place 25 yrs		c. CITY OR TOWN R.F.D.		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home				e. STREET ADDRESS (If rural, give location) Belle-Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Maurice b. (Middle) Smith c. (Last) Backues				4. DATE OF DEATH (Month) (Day) (Year) Dec 17-1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, Widowed WIDOWED DIVORCED (Specify)		8. DATE OF BIRTH Nov 24-1878	
9. AGE (In years last birth day) 79		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farming		11. BIRTHPLACE (City and State or Foreign Country) Near Dixon-Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas M. Backues		13b. MOTHER'S MAIDEN NAME Nancy Ridenhour		14. NAME OF HUSBAND OR WIFE (Deceased) Ida (Gr. H. B.) Backues			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 199-03-1506		17. INFORMANT'S SIGNATURE OR NAME Rainey Backues-Belle-Mo 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9 mos. 4 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4221		20. AUTOPSY? 2 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) (Min.)		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 3-19 , 19 57 , to 12-17 , 19 57 , that I last saw the deceased alive on 12-17 , 19 57 , and that death occurred at 4:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Pauline Howard, M.D. (Degree or title)				23b. ADDRESS Owensville, Mo.		23c. DATE SIGNED 12-20-57	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-19-57		24c. NAME OF CEMETERY OR CREMATORY S. Betty Cemetery		24d. LOCATION (City, town, or county) (State) Belle-Missouri	
DATE REC'D BY LOCAL REG. 12-26-57		REGISTRAR'S SIGNATURE Pauline Howard		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Chas. Sasser Belle-Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 9 1958

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 Chert. Saseman

Licensed Embalmer No. 4128

P. O. Address Bland-M

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.