

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021771

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 53

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Lafayette

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY Lafayette

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Lexington

Length of stay in 1b

45 years

c. CITY

OR TOWN

Lexington

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION

Lexington Memorial Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

R.R.#2 5 mi. South

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

John

Middle

Henry

Last

Backs

4. DATE OF DEATH

Month

June

Day

24

Year

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

August 25, 1892

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Warrenton, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Herman Backs

13b. MOTHER'S MAIDEN NAME

Augusta Lichte

14. NAME OF HUSBAND OR WIFE

Mrs. Tillie Backs

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W.W.I.

16. SOCIAL SECURITY NO.

495-42-5522

17. INFORMANT

Address

Mrs. Tillie Backs Lexington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterial sclerosis and

DUE TO (c)

Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

2/10/61 10:40

to 6-24-61

and last saw him alive on 6-24-61

p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ben H. Brasher M.D.

22b. ADDRESS

Lexington, Missouri

22c. DATE SIGNED

6-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-27-61

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Lexington, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Vaughn Walker Funeral Home Lexington, Mo

25. DATE RECD. BY LOCAL REG.

6-26-61

26. REGISTRAR'S SIGNATURE

M. E. Eastburn

(Licensed Embalmer's Statement on Reverse Side)

JUL 7 1961

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 PAUL H. Wilson, Student Embalmer No. 639

working under my personal supervision.

Student

Paul H. Wilson

Signature of Student Embalmer

Signed

Harold L. Walker

Licensed Embalmer No.

4588

P. O. Address

Lexington, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.