

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022882
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 326

Primary Registration District No. 3073

Registrar's No. 14

FILED JUN 4 1963

VS 300
Rev. 4/59

1 1001

2 1000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Scott | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chaffee | | c. CITY OR TOWN Rt. # 1, Benton | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chaffee Clinic | | d. STREET ADDRESS (If outside, give location) N. of town app. 2 miles | |
| 3. NAME OF DECEASED (Type or print) First Joseph Middle John Last Backfisch | | 4. DATE OF DEATH Month May Day 25 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-25-1963 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ***** | | 10b. KIND OF BUSINESS OR INDUSTRY ***** | |
| 11. BIRTHPLACE (City and state or country) Chaffee, Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Aloysius Backfisch | | 13b. MOTHER'S MAIDEN NAME Mary Jo Kiefer | |
| 14. NAME OF HUSBAND OR WIFE ***** | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | |
| 16. SOCIAL SECURITY NO. ***** | | 17. INFORMANT Aloysius Backfisch Rt. # 1, Benton, 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) Respiratory Arrest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fetal Anoxia DUE TO (c) Traumatic Delivery | | INTERVAL BETWEEN ONSET AND DEATH 20 min. 20 min. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cephalo pelvic disproportion, too large fetus 11# 3 oz. | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 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 5-25-63 to 5-25-63 and last saw her/him alive on 5-25-63 Death occurred at 9:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) D.O. | |
| 22b. ADDRESS 243 W. Yoakum Ave., Chaffee, Mo. | | 22c. DATE SIGNED 5/28/63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5-27-1963 | 23c. NAME OF CEMETERY OR CREMATORY St. Bonis Cath. Ch. Cemetery | 23d. LOCATION (City, town, or county) (State) Benton, Mo. |
| 24. FUNERAL DIRECTOR Ford & Sons Benton, Mo. | | 25. DATE RECD. BY LOCAL REG. June 1 - 63 | 26. REGISTRAR'S SIGNATURE Mrs. Fred Backfisch |

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. 5057

P. O. Address Cape Girardeau, 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.