

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 8 1949

State File No. ....

BIRTH NO. .... REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 5736 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta Lyda Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Ann</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-24-1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Mar 1st 1856</u>	9. AGE (In years last birthday) <u>92</u>	10. MONTHS <u>10</u>	11. DAYS <u>23</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>George W. Behymer</u>	13b. MOTHER'S MAIDEN NAME <u>Gertha Wait</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy Behymer</u>	ADDRESS <u>Atlanta Mo.</u>
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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 <u>2 yrs.</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Dementia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 19 1949, to Mar 24, 1949, that I last saw the deceased alive on Mar 24, 1949, and that death occurred at 7:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Lohr, Jr.</u> (Degree or title)	23b. ADDRESS <u>Clayton Mo</u>	23c. DATE SIGNED <u>3/25/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-26-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Labor Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lyda Township Macon Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 28-49</u>	REGISTRAR'S SIGNATURE <u>Mr. O. R. Griffin</u> 186	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. M. Goodding</u> ADDRESS <u>Atlanta Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 6 1949

RECEIVED

District Health Officer No.

District File Number 4-49

Date Filed APR 5 1949

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 .....  
Student Embalmer

Signed H. M. Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta 170

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