

BIRTH NO. 42988-49 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4238 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Knox County Mo</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lewis 51</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edwina Mo</u>		c. LENGTH OF STAY (In this place) <u>6 hr</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lewistown 9</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Lewistown Mo. 1</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Wendell</u> c. (Last) <u>Behner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 49</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>7/21/49</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>4</u> IF UNDER 24 HRS. Days <u>4</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lewistown Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James Edward Behner</u>	13b. MOTHER'S MAIDEN NAME <u>Pansy Lee Keller</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Edward Behner</u>	ADDRESS <u>Lewistown 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital occlusion of coron</u> <u>Arterial</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
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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)	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 July 22, 1949, to July 25, 1949, that I last saw the deceased alive on July 25, 1949, and that death occurred at 4:50 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry W. Crocker, D.O., 21 La Ball Mo</u>	23b. ADDRESS <u>Lewistown Mo</u>	23c. DATE SIGNED <u>July 25, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 26-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maevine</u>	24d. LOCATION (City, town, or county) (State) <u>Ewing Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July-26-49</u>	REGISTRAR'S SIGNATURE <u>Willie A. Hurdick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornas Ball</u>	ADDRESS <u>Ewing, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 2 1949
District Health Officer N
District File Number 8-49
Date Filed AUG 2 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 Thamos Ball

Licensed Embalmer No. 1764

P. O. Address Evings

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.