

FILED SEP 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26071

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>137</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u> <u>0043</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> <u>0043</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1012 S. Clark St.</u> <u>L</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GUSTAVE</u>		b. (Middle) <u>C.F.</u>		c. (Last) <u>BEHRENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept.</u> <u>2, 51</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>Sept. 27, 1884</u>	
9. AGE (In years last birthday) <u>66</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Apt. bldg.</u>		11. BIRTHPLACE (State or foreign country) <u>Carlinville, Ill. /</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Apt. bldg.</u>		11. BIRTHPLACE (State or foreign country) <u>Carlinville, Ill. /</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Behrens</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotta Wiese</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-28-7878</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dorothy Still, Macoupin, Ill.</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous (intestinal)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>obstruction due to</u> DUE TO (c) <u>location of primary lesion indeterminate.</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>1991</u>			
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?			
22. I hereby certify that I attended the deceased from <u>Aug 30</u> , 19 <u>51</u> , to <u>Sept 2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 1</u> , 19 <u>51</u> , and that death occurred at <u>8:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>Sept 4, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 4, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centralia</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 4-1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul E. Paul, Mexico, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 4 1951

Date Received: SEP 10 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 9-57-1616  
Date Filed: SEP 11 1951

---

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Earl E. Pruitt*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3189

P. O. Address Mexico, 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 this body is not embalmed, fact should be so stated above.