

No. 300
10. 48

EXPIRES FEBRUARY 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5507

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) Hillboro		b. COUNTY Washington	
c. LENGTH OF STAY (In this place) 14 months		c. CITY (If outside corporate limits, write RURAL and give township) Richwoods Mo. 1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) PAULINE	a. (First)	b. (Middle) BEHNKE	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) FEB. 6 1952
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, () WIDOWED, DIVORCED () NEVER MARRIED	8. DATE OF BIRTH UNKNOWN	9. AGE (In years last birthday) ABOUT 89	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) GERMANY 4	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME CHARLES J. BEHNKE	13b. MOTHER'S MAIDEN NAME SOPHIA	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME J. M. THOMPSON	ADDRESS PE SOTO Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis with hemiplegia, right.		INTERVAL BETWEEN ONSET AND DEATH 6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis		
	DUE TO (c)		2 years
II. 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 334X	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) m.	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 Dec 22, 1950, to Feb. 6, 1952, that I last saw the deceased alive on Feb. 3, 1952, and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell, M.D.	23b. ADDRESS Desoto, Mo.	23c. DATE SIGNED Feb. 8 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB 9 1952	24c. NAME OF CEMETERY OR CREMATORY HORINE CEM.	24d. LOCATION (City, town, or county) (State) RICHWOODS MO
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DATE REC'D BY LOCAL REG. 2-10-52	REGISTRAR'S SIGNATURE Kathleen Meridan 141-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donnell B. Donnell Desoto Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

5004

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6

FEB 21 REC'D
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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.....

Samuel B. Petry

Licensed Embalmer No. 4104

P. O. Address Medals 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.