

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25509

State File No.

FILED AUG 10 1953

392

5649

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <p align="center">Lawrence</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Lawrence</p>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Rural, Pierce TNS</p>		c. LENGTH OF STAY (In this place) <p align="center">5 Yrs</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Rural, Pierce TNS</p>		d. STREET ADDRESS (If rural, give location) <p align="center">Monett, Mo. RFD #1</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Monett, Mo. RFD #1</p>		d. STREET ADDRESS (If rural, give location) <p align="center">Monett, Mo. RFD #1</p>		3. NAME OF DECEASED a. (First) <p align="center">Paul</p> b. (Middle) <p align="center">Tracy</p> c. (Last) <p align="center">Behymer</p>		4. DATE OF DEATH (Month) (Day) (Year) <p align="center">8-7-1953</p>	
5. SEX <p align="center">Male</p>		6. COLOR OR RACE <p align="center">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Married</p>		8. DATE OF BIRTH <p align="center">12-17-1901</p>	
9. AGE (In years last birthday) <p align="center">51</p>		IF UNDER 1 YEAR Months <p align="center">7</p>		IF UNDER 24 HRS. Days <p align="center">20</p>		IF UNDER 1 MIN. Hours <p align="center"></p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Laborer</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Shoe Mfg.</p>		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Cape Girardeau, Mo.</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.</p>	
13a. FATHER'S NAME <p align="center">Hamer Behymer</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Lu Stacy Whittaker</p>		14. NAME OF HUSBAND OR WIFE <p align="center">Carolyn Ruth Behymer</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <p align="center">Carolyn Ruth Behymer, Monett, Mo.</p>			
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) <p align="center"><i>Adenocarcinoma metastatic to brain, lungs, and various lymph glands</i></p> ANTECEDENT CAUSES <p align="center"><i>Asporid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i></p> DUE TO (c) <p align="center">1998</p>				INTERVAL BETWEEN ONSET AND DEATH <p align="center"><i>not known</i></p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p align="center"><i>Biopsy of supraclavicular gland - Adeno carcinoma</i></p>				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)			
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>6-22</u> , 19 <u>53</u> , to <u>8-7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-1</u> , 19 <u>53</u> , and that death occurred at <u>8:50 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <p align="center"><i>Robert Roddy M.D.</i></p>				23b. ADDRESS <p align="center"><i>Monett, Mo Aug 8, '53</i></p>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">8-9-1953</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Liberty Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Monett, Mo. R1 Mo</p>	
DATE REC'D BY LOCAL REG. <p align="center">AUG 10 1953</p>		REGISTRAR'S SIGNATURE <p align="center"><i>Clyde A. Bridget</i></p>		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">MERCER FUNERAL HOME Monett, Mo.</p>			

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

APR 14 1954

APR 19 1954

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

Roy A. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, 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.