

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11146

State File No. \_\_\_\_\_

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u> <u>0061</u>	
c. LENGTH OF STAY (In this place) <u>64 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Anderson Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) <u>LUCINDA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 12 1954</u>	
a. (First)		b. (Middle) <u>(NMI)</u>	
c. (Last) <u>BEHYMER</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 10 1865</u>
9. AGE (In years last birthday) <u>99</u>		10. MONTHS <u>2</u>	11. DAYS <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Mt. Sterling, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Aaron Logsdon</u>		13b. MOTHER'S MAIDEN NAME <u>Martha McKenzie</u>	
14. NAME OF HUSBAND OR WIFE <u>William Behymer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>XXX</u>		16. SOCIAL SECURITY NO. <u>XXXX</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Aaron Behymer, Lamar, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>colic</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>493 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Lamar, Barton, Mo</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>April 8, 1954</u> , to <u>April 19, 54</u> , that I last saw the deceased alive on <u>April 11, 1954</u> and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. D. Guldner M.D.</u>		23b. ADDRESS <u>Lamar, Mo</u>	
23c. DATE SIGNED <u>4-12-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 14 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Moorehead Cemetery,</u>		24d. LOCATION (City, town, or county) (State). <u>Barton County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>APR 14 1954</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Funeral Home, Lamar, Missouri</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

**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

*Norman L. Thompson*

Licensed Embalmer No. 4816

P. O. Address Jamaica, N.Y.

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.