

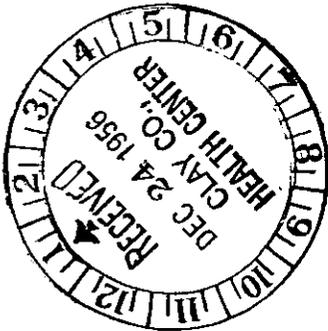
FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40910**BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **3014** Registrar's No. **114**

1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty		c. LENGTH OF STAY (in this place) 3 mo		c. CITY OR TOWN Liberty		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Hotel				e. STREET ADDRESS (If rural, give location) Colonial Hotel 6600					
3. NAME OF DECEASED (Type or Print) a. (First) HENRY			b. (Middle) J.		c. (Last) BEHR		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13-56		
5. SEX ♂	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH May 30-1907		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME W. John Lane			13b. MOTHER'S MAIDEN NAME Elizabeth Walker		14. NAME OF HUSBAND OR WIFE Clare Behr - Seward Ore				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 505-40-7903		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS Elizabeth Kanger Richard M.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown				ANTECEDENT CAUSES					
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (b) Possible Cardiac failure					
				DUE TO (c) Acute Alcoholic Poisoning					
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					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) _____ m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1 A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. Pate M.D. (Breuer)				23b. ADDRESS 3 North Kansas St. Mo.		23c. DATE SIGNED 12/15/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec 16-56	24c. NAME OF CEMETERY OR CREMATORY West -		24d. LOCATION (City, town, or county) (State) Portland Ore.				
DATE REC'D BY LOCAL REG. 12-19-56		REGISTRAR'S SIGNATURE Mabel Graham		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breuer - Breuer Co. Liberty Mo					

(Licensed Embalmer's Statement on Reverse Side)

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



1956 8 28 AM 10

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.....
Signature of Student Embalmer

Signed.....
John L. Lumber

Licensed Embalmer No. 4448

P. O. Address *Clinton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.