

Health, Welfare, Public Service

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31701
STATE FILE NUMBER 3899

Registration District No. 199 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		Length of stay in lb 30 Yrs.	
d. STREET ADDRESS 4809 Jarboe		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CHARLES BEHRENS			4. DATE OF DEATH Month Day Year August 19, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-11-1863
9. AGE (In years last birthday) 94		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book-Keeper Retired	11. BIRTHPLACE (City and state or country) Pilot Knob, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Henry Behrens	
14. MOTHER'S MAIDEN NAME		15. NAME OF HUSBAND OR WIFE Selma Behrens (Dec.)	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		17. SOCIAL SECURITY NO. No.	
18. INFORMANT Irene Behrens		Address 4809 Jarboe	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis & Rhini meningitis			INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arterio sclerosis			} 10 yrs +
DUE TO (c) Arrhythmia Fibrillation & Hypertension			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -- Diabetes mellitus (mild)			332X
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7-22-1936 to Aug 19, 1957 and last saw him alive on August 18, 1957 Death occurred at 12:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph E. Welker MD (Degree or title) D		22b. ADDRESS 836 Prof Bldg. K.C. 6. Mo	
22c. DATE SIGNED 8-19-57		23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	
23b. DATE 8-21-1957		23c. NAME OF CEMETERY OR CREMATORY Forest Hill Ceme.	
23d. LOCATION (City, town, or county) Kansas City, Missouri.		(State)	
24. FUNERAL DIRECTOR Stine & McClure		ADDRESS K. C. Mo.	
25. DATE RECD. BY LOCAL REG. 8-20-57		26. REGISTRAR'S SIGNATURE Reva Marshall	

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

*Mrs. General Helms
836 Grand
St. L. 6187*



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 *William M. Turner*

Licensed Embalmer No. *4648*
P. O. Address *Kansas City*

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.