

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 15 1960

3932-60-026720

UNDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3932 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>St Joseph Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>507 South Hardy</b>	

3. NAME OF DECEASED (Type or print) <b>FRANK D. BEHEN SR.</b>			4. DATE OF DEATH Month <b>7</b> Day <b>30</b> Year <b>60</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/16/87</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>K.C. Water Dep't</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clerk</b>		11. BIRTHPLACE (City and state and country) <b>Adrian, Michigan</b>	

13a. FATHER'S NAME <b>Michael J. Behen</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Daley</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Mary J. Behen</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-20-3849</b>		17. INFORMANT <b>Mrs Mary J. Behen</b> Address <b>507 So. Hardy K.C. Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Unclassified Carcinoma c</b>			
DUE TO (b) <b>metastasis to Liver, Lung &amp; Brain</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 **7-15-60** to **7-30-60** and last saw her/him alive on **7-30-60**  
Death occurred at **5** **P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree (e)) <b>Braham J. Geha MD</b>		22b. ADDRESS <b>751 E 63rd</b>		22c. DATE SIGNED <b>8/1/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/2/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Marys Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>	

24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar</b>	ADDRESS <b>20 W Linwood K.C. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-1-60</b>	26. REGISTRAR'S SIGNATURE <b>H.L. Dwyer, M.D.</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Braham J. Geha**

*Dr. Macnaughton - Prof. Bldg. A. 1-2207  
330 - W-47 - Ph. 3-1200*

*Dr. Saka: 131-E-63rd Com. 3-2252*

*Dr. Stanley -*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. *503,8*

P. O. Address *K. E. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.