URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 27 1960

60-038265
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5038

NDED

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: K.C. ~~Kansas City~~ | Length of stay in Ib: 1 DAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lakeside | Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: JACKSON
c. CITY OR TOWN: RAYTOWN | Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 10107 E 78 terr. | Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: WILLA Middle: JO Last: BEHRMAN
4. DATE OF DEATH: Month: Oct. Day: 5 Year: 1960
5. SEX: FEMALE
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-21-1889
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Chariton Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Fred DAVOLT
13b. MOTHER'S MAIDEN NAME: WILLAJO LAKE
14. NAME OF HUSBAND OR WIFE: John BEHRMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 495-24-8694
17. INFORMANT: Mrs. Maxine Barber Address: 10107 E 78 terr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): pulmonary edema — 6 hrs.
DUE TO (c): massive posterior myocardial infarction — 12-18 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): atherosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from 10-5-60 3 PM, to 10-5-60 6 PM and last saw her alive on 10-5-60 6 PM
Death occurred at 9 05 PM 10-5-60 on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: William F. Krebethe (Degree or title) D.O.
22b. ADDRESS: 12101 E. New 40 Hwy Indep.
22c. DATE SIGNED: 10-7-60
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: Oct. 15, 1960
23c. NAME OF CEMETERY OR CREMATORY: High Hill Cem.
23d. LOCATION (City, town, or county) (State): Bucklin Mo.
24. FUNERAL DIRECTOR: Kepley-Hinton ADDRESS: Raytown, Mo.
25. DATE RECD. BY LOCAL REG.: 10-7-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John R. Sidn

Licensed Embalmer No. 453

P. O. Address Kansas

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