

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035643

STATE FILE NUMBER

AMENDED

Dist. No. 360 Primary Registration District No. 6224 Registrar's No. 176
FILED Oct 3 1961

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Center</u> | | Length of stay in 1b <u>10 Yrs.</u> | c. CITY OR TOWN <u>Nevada</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. R. 1</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (if outside, give location) <u>R. R. # 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| | | | | | |
|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>John</u> Last <u>Behm</u> | | | 4. DATE OF DEATH Month <u>Sept.</u> Day <u>17</u> Year <u>1961</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4/29/15</u> | 9. AGE (last birthday) <u>46</u> | 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) <u>Manager</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u> | 11. BIRTHPLACE (City and state or country) <u>Acres, Kansas</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Frank Behm</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sena Feldhut</u> | | 14. NAME OF HUSBAND OR WIFE <u>Maxine Webster</u> | |

| | | | |
|--|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W.II</u> | | 17. INFORMANT Address <u>Maxine Behm, R.R. 1 Nevada, Mo.</u> | |
|--|--|---|--|

| | | |
|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypernephroma, left</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | |

| | | |
|--|---|--|
| 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 _____ a.m. _____ 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 <u>July 4, 1949</u> to <u>Sept 17, 1961</u> and last saw him alive on <u>Sept 17, 1961</u> . Death occurred at <u>7:35 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | |

| | | |
|--|-------------------------------|--|
| 22a. SIGNATURE <u>Ray A. Kearney MD</u> (Degree or title) | 22b. ADDRESS <u>Nevada Mo</u> | 22c. DATE SIGNED <u>9/19/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9/19/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Newton</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Richard L. Shorten, Nevada, Mo.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Vernon Co. Missouri.</u> |

| | |
|---|---|
| 25. DATE RECD. BY LOCAL REG. <u>9-30-1961</u> | 26. REGISTRAR'S SIGNATURE <u>Anna J. Jolley</u> |
|---|---|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1961 9 100

OCT 4 1961

MAR 13 1962

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

Lloyd C. McLeod

Licensed Embalmer No. 4853

P. O. Address Fleeter, 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.