

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001044

STATE FILE NUMBER

AMENDED

Registration District No.

FILED FEB 5 1962

Primary Registration District No.

3020

Registrar's No.

32

## 1. PLACE OF DEATH

a. COUNTY

Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Washington

Length of stay in 1b  
6 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Francis Hospital

Inside limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Franklin

c. CITY  
OR TOWN

Washington

Inside limits  
Yes ☒ No ☐d. STREET  
ADDRESS

207 Fair

Reside on farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Douglas

Louis

Von Behren

4. DATE  
OF DEATH

February 1, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

1-26-1962

## 9. AGE (last birthday)

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)

None

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (City and state or country)

Washington, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Harvey L. Von Behren

## 13b. MOTHER'S MAIDEN NAME

Evelyn Seago

## 14. NAME OF HUSBAND OR WIFE

None

## 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.

None

## 17. INFORMANT

Harvey L. Von Behren, Washington, Mo.

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Spiral ligula

INTERVAL BETWEEN  
ONSET AND DEATH  
Since birthConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying 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)

None

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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

## 21. I attended the deceased from 26 Jan 62 to 1 Feb 62 and last saw him alive on 1 Feb 62

Death occurred at 5:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

R. B. Boyce, MD

(Degree or title)

## 22b. ADDRESS

Washington, Mo

## 22c. DATE SIGNED

2 Feb 62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Feb 2-1962

## 23c. NAME OF CEMETERY OR CREMATORY

St. Francis Cemetery

## 23d. LOCATION (City, town, or county)

Washington, Mo

## (State)

## 24. FUNERAL DIRECTOR

Neuberg &amp; Witt Inc. Washington, Mo

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

2/3/62

## 26. REGISTRAR'S SIGNATURE

Lula C. Highnam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

**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 Jerome F. Shvoboda

Licensed Embalmer No. 4507

P. O. Address Washington, Md.

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.