

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047600

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5493 Registrar's No. 57

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0370

2 0700

3

4 0

5 1

6

7 1

8 2

9 500

10

11

12 86-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) Roark Township		c. CITY OR TOWN McKittrick, Mo.	
Length of stay in lb 3 mons.		Inside Limits ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) Home		d. STREET ADDRESS North of McKittrick	
HOSPITAL OR INSTITUTION Frene Valley Nursing		Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) Charles Henry Behrens		4. DATE OF DEATH Month December Day 28 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 12/14/84
9. AGE (last birthday) 79 yrs		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) Telegraph lineman		10b. KIND OF BUSINESS OR INDUSTRY MKT railroad	
11. BIRTHPLACE (City and state or country) Johnson County, Ark.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Charles Behrens		13b. MOTHER'S MAIDEN NAME Minnie M. Schmidt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 702-10-3991	
17. INFORMANT Mrs. Elma Behrens		Address McKittrick Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
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)		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.	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 Hermann, Missouri	
21. I attended the deceased from 1-7-48 to 12-28-63 and last saw her/him alive on 12-27-63		Death occurred at 4:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Cavel T. Stan. M.D.		22b. ADDRESS Hermann, Missouri	
22c. DATE SIGNED 12-30-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-30-63	23c. NAME OF CEMETERY OR CREMATORY Loutre Island	23d. LOCATION (City, town, or county) (State) McKittrick, Mo.
24. FUNERAL DIRECTOR Leon Toedtman	ADDRESS Hermann, Mo.	25. DATE RECD. BY LOCAL REG. 12-30-63	26. REGISTRAR'S SIGNATURE Delma Uffelmann

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JAN 14 1964

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 Leon Toeßtmann

Licensed Embalmer No. 5202

P. O. Address Hermann, Missouri

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.