

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25508

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5656 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>	
c. LENGTH OF STAY (in this place) <u>Native</u>		d. STREET ADDRESS (If rural, give location) <u>0550</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Philip</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Behdmin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-25-1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>11-26-1890</u>		9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR: Months <u>7</u> Days <u>29</u>	
11. BIRTHPLACE (State or foreign country) <u>Lawrence Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Native</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Jim Behdmin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Pryor</u>		14. NAME OF HUSBAND OR WIFE <u>Kittie Behdmin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yps World War I</u>		16. SOCIAL SECURITY NO. <u>493-16-5962</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kittie Behdmin</u> ADDRESS <u>Miller Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Prostate</u>		<u>5 yrs</u>	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 13, 1952 to July 25, 1953, that I last saw the deceased alive on July 25, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clifford H. Jones M.D.</u>		23b. ADDRESS <u>Miller, Mo.</u>		23c. DATE SIGNED <u>July 27, 1953</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Davis</u>	
				24d. LOCATION (City, town, or county) (State) <u>E. of Miller Mo.</u>	

DATE REC'D BY LOCAL REG. <u>8-4-53</u>		REGISTRAR'S SIGNATURE <u>W. S. Buehry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Lemian</u> ADDRESS <u>Miller Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1406
1406-228-1953

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
Student Embalmer

Signed _____

E. R. Leman

Licensed Embalmer No. 3297

P. O. Address Miller 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 this body is not embalmed, fact should be so stated above.