

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39612

State File No. ....

FILED JAN 4 1956

BIRTH NO. _____		REG. DIST. NO. <u>16</u>		PRIMARY REG. DIST. NO. <u>4030</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>BARTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>GOLDEN CITY</u>		c. LENGTH OF STAY (In this place) <u>66 yrs.</u>		c. CITY OR TOWN <u>GOLDEN CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OWN HOME</u>				e. STREET ADDRESS (If rural, give location) <u>0060</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>L. A.</u>		b. (Middle) <u>CAROLENA</u>		c. (Last) <u>BEHRENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 18, 1856</u>		9. AGE (In years last birthday) <u>99</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	IF UNDER 1 HRS. Hours <u>5</u> Min. <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Breymann</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Lindeman</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Behrens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Theresa Behrens, Golden City, 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>Senility</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>794x</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <u>Dec 22, 1951</u> , to <u>Dec 25, 1955</u> , that I last saw the deceased alive on <u>Dec 25, 1955</u> , and that death occurred at <u>10 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Rudolf Kiepp, M.D.</u> (Degree or title)				23b. ADDRESS <u>Golden City, Mo.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 28, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>		24d. LOCATION (City, town, or county) - (State) <u>Dade Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 27-1955</u>		REGISTRAR'S SIGNATURE <u>Hazel W. Pugh</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Phillips Funeral Home, Golden City, Mo.</u>			

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

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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.....

Licensed Embalmer No. 327

P. O. Address Golden City

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.