

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5620

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3040 Registrar's No. 821

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>	c. LENGTH OF STAY (In this place) <u>5 Yrs</u>	c. CITY OR TOWN <u>Hannibal</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>Levering Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>408 Center St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothy</u> b. (Middle) <u>May</u> c. (Last) <u>Behrens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 6 - 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 3, 1901</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months   Days   Hours   Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Reading, Pa.</u>	12. CITIZENRY OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>James Dougherty</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND / <del>OR WIFE</del> <u>A.F. Behrens</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>A.F. Behrens</u>	ADDRESS <u>Hannibal, Mo.</u>
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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, arthritis, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		AnteCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>angina pectoris</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 <u>4201</u>	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) (m.)	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 Mar. 6, 1956 to Mar. 6, 1956, that I last saw the deceased alive on March 6, 1956, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Ed. Porter BSc DO.</u>	23b. ADDRESS <u>412 Center St. Hannibal, Mo.</u>	23c. DATE SIGNED <u>3/7/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-8-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Reading Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Reading, Pa.</u>
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DATE REC'D BY LOCAL REG. <u>3/7/56</u>	REGISTRAR'S SIGNATURE <u>Dr. Ed. Porter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jared Clark</u>	ADDRESS <u>Hannibal, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 10 1956  
MARION CO. HEALTH DEPT.  
DATE FILED MAR 10 1956

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...4217.

P. O. Address....Hannibal, 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.