

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029670

STATE FILE NUMBER

FILED SEP 9 1958

Registration District No. 209

Primary Registration District No. 3043

Register No. 285

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri			b. COUNTY Marion			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		6640	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		Length of stay in lb Few hours	d. STREET ADDRESS 510 B. Willow			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) RHODA ELIZABETH BEHYMER			First	Middle	Last	4. DATE OF DEATH August 19, 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 19, 1881		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 10	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Booneville Missouri		12. CITIZEN OF WHAT COUNTRY? U S A			
13a. FATHER'S NAME Sam Briggs			13b. MOTHER'S MAIDEN NAME Elizabeth Snodgrass			14. NAME OF HUSBAND OR WIFE George W. Behymer (Deceased)			
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 Address A. C. Behymer, Hannibal Missouri					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident						INTERVAL BETWEEN ONSET AND DEATH 4 hours			
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.		DUE TO (b) arterio sclerosis		DUE TO (c) 331X		unknown			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 Aug. 19, 1958 to Aug. 19, 1958 and last saw her alive on Aug. 19, 1958 Death occurred at 8:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Jan Camilla M.D.</i> (Degree or title)				22b. ADDRESS 707 Edwy, Hannibal, Missouri			22c. DATE SIGNED 8-22-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/22/1958	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park		23d. LOCATION (City, town, or county) Hannibal Missouri		(State)		
24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri			ADDRESS	25. DATE RECD. BY LOCAL REG. 8-2-58		26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke By W. Fisher</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED SEP 8 1957
MARION CO. HEALTH DEPT
DATE FILED SEP 8 1957

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 *John S. [Signature]*

Licensed Embalmer No. 1540

P. O. Address Hannibal 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.