

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002097

STATE FILE NUMBER

FILED FEB 13 1959

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 34

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-57

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| 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 Residence 900 North | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 900 North Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last FRANK BEHYMER | | | 4. DATE OF DEATH Month Day Year Found January 30, 1959 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH December 27, 1901 |
| 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months 1 Days 3 | IF UNDER 24 HRS. Hours 0 Min. 0 | 12. CITIZEN OF WHAT COUNTRY? U S A |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Cruikshank Lumber | 11. BIRTHPLACE (City and state or country) Elmer Missouri |
| 13a. FATHER'S NAME George W. Behymer | | 13b. MOTHER'S MAIDEN NAME Rhoda Elizabeth Briggs | 14. NAME OF HUSBAND OR WIFE None |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) 0 | | 16. SOCIAL SECURITY NO. 486 12 5808 | 17. INFORMANT Address Austin 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) Arteriosclerotic Heart Disease | | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
| 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) 4200 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ Month, Day, Year a.m. _____ p.m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Henry H. Sweets Jr MD Coroner 3 | | 22b. ADDRESS Hannibal Mo | 22c. DATE SIGNED 2-2-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2/2/59 | 23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park | 23d. LOCATION (City, town, or county) (State) Hannibal Missouri |
| 24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri | | 25. DATE RECD. BY LOCAL REG. 2-6-1959 | 26. REGISTRAR'S SIGNATURE Dr. M. M. ... |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

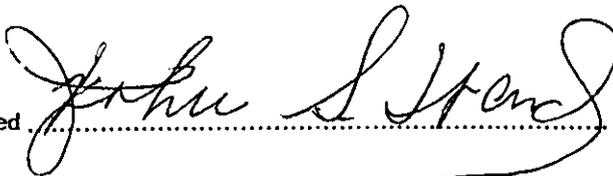
Health, Welfare, Public Service
Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms which are not mentioned in Part 1 must be causally related.

RECEIVED FEB 10 1959
MARION CO. HEALTH DEPT.
DATE FILED FEB 10 1959

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. 4540

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.