

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43404**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **6116** Registrar's No. **164**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bhoddgett Rural Sandy</b>	c. LENGTH OF STAY (in this place) <b>1</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Bhoddgett Rural Sandywoods Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sandywoods 6116</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>Arthur</b>	c. (Last) <b>Beegs</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 3 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>May 11 1871</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>23</b> Hours <b>23</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Johnson Co Ill</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Beegs</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Capps Beegs, Dec.</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W A Beegs Jr. Blodgett</b>	ADDRESS <b>Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Endocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4514</b> <b>1 yr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>—</b> DUE TO (c) <b>—</b>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diarrhea</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **1948 to 12/3, 1948** that I last saw the deceased alive on **12-3**, 1949, and that death occurred at **6:45 PM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J A Cline md</b>	(Degree or title)	23b. ADDRESS <b>Cran Mo</b>	23c. DATE SIGNED <b>12/3/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-5-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Old Morley</b>	24d. LOCATION (City, town, or county) (State) <b>Morley Mo</b>
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DATE REC'D BY LOCAL REG. <b>Dec 6-49</b>	REGISTRAR'S SIGNATURE <b>Mrs Edna Hunter</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Bisplinghoff</b>	ADDRESS <b>Funeral Home</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 12 19

District Health Office No.

District File Number 1249

Date Filed

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

Mamie Bepleruff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43404

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 6116		Registrar's No. 164	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived, if institutions residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u>			
d. CITY (If outside corporate limits, write RURAL and give township) <u>Budgett Bush Sandy</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Budgett Bush Sandy Woods Trif</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sandy Woods 6116</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Arthur</u>		c. (Last) <u>Beggs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>May 11 1871</u>	
9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>78 6 23</u>		10a. USUAL OCCUPATION (If not in business or industry during a part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alexander Beggs</u>		13b. MOTHER'S MAIDEN NAME <u>Aprilla Bridges</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Capps Beggs, Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) (If yes, give year or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W A Beggs Jr. Budgett, 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, aneurism, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diarrhea</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>1948 to 12/3, 1949</u> that I last saw the deceased alive on <u>12-3, 1949</u> , and that death occurred at <u>6:45 PM.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>J A Cline MD</u>				23b. ADDRESS <u>Cran Mo</u>		23c. DATE SIGNED <u>12-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Morley</u>		24d. LOCATION (City, town, or county) (State) <u>Morley Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 6-49</u>		REGISTRAR'S SIGNATURE <u>Mrs Edna Hunter</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff</u>		ADDRESS <u>Funerary Home</u>	

(Issued Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Items #13a, b amended by affidavit of Son and Daughters of deceased 4-26-90