

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37937

State File No.

FILED NOV 28 1951

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 87

0541

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frank</u>	b. (Middle) <u>William</u>	c. (Last) <u>Begemann</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>11</u> <u>13</u> <u>51</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 31, 1903</u>	9. AGE (In years last birthday) <u>48</u>	10 UNDER 1 YEAR Months <u>9</u> Days <u>29</u>	11 UNDER 10 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garage</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Motor cars</u>	11. BIRTHPLACE (State or foreign country) <u>East of Odessa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>S. A. Begemann</u>	13b. MOTHER'S MAIDEN NAME <u>Wilamene Wehking</u>	14. NAME OF HUSBAND OR WIFE <u>Opal Weaver</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Opal Begemann</u>	ADDRESS <u>Higginsville, MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Ruptured Esophageal Varix</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>DUE TO (b) Cirrhosis of Liver (Laennec's)</u> <u>DUE TO (c)</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Previous rupture of Esophageal Varix on 7/15/51</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5811</u>	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)
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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?
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22. I hereby certify that I attended the deceased from 7/15/51, 1951, to 11/13, 1951, that I last saw the deceased alive on 11/13/51, 1951, and that death occurred at 9:40 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Frank W. Begemann M.D.</u> (Degree or title)	23b. ADDRESS <u>Higginsville, Mo.</u>	23c. DATE SIGNED <u>11/14/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov 19-1951</u>	REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blair S. Bollen</u> ADDRESS <u>Higginsville, Mo.</u>
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RECEIVED NOV 27 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 27 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Forrest A. Higgins

Signed.....
Student Embalmer

Licensed Embalmer No. 4358

P. O. Address Higginsville, Misso

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.