

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10.48

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> (blue)		2. USUAL RESIDENCE (Where deceased lived if institution residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence, Mo</u> 0480	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route 5</u> (blue)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kenters 5 Indep. Mo</u>			
3. NAME OF DECEASED a. (First) <u>WILSON</u> b. (Middle) <u>T</u> c. (Last) <u>BEGGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-17-52</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 19, 1865</u>
9. AGE (in years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	
11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Beggs</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Knapp</u>	
14. NAME OF HUSBAND OR WIFE <u>Eliza F Beggs</u>			
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>Mrs. G. L. Conderman</u>		ADDRESS <u>Route 5</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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General atherosclerosis</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>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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>Sept. 2, 1951</u> to <u>Jan. 17, 1952</u> , that I last saw the deceased alive on <u>Jan 17, 1952</u> , and that death occurred at <u>10:00 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. M. Andrews, D.O.</u>		23b. ADDRESS <u>Independence Mo</u>	
23c. DATE SIGNED <u>1/18/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-20-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mount Valley</u>		24d. LOCATION (City, town, or county) (State) <u>Mount Valley, Kans.</u>	
DATE REC'D BY LOCAL REG. <u>1-19-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Passentins Bros KC Mo</u>	

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

480

*Dr Ruth Andrews*  
*809 W Kensington*  
*El 5157*  
*Indep, mo*

JAN 25 RECEIVED

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 *George Keisinger*.....

Licensed Embalmer No. *4468*.....

P. O. Address *Kansas City, Kansas*.....

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.