

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4261**  
Registrar's No. **27**

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5229**

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write BUREAL and give township) <b>Strasburg, Mo.</b>		c. CITY (If outside corporate limits, write BUREAL and give township) <b>Strasburg</b>	
c. LENGTH OF STAY (in this place) <b>10 years</b>		d. STREET ADDRESS (If rural, give location) <b>West side of Strasburg</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>West side of Strasburg</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>	b. (Middle) <b>Allen</b>	c. (Last) <b>Begshaw</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2-13-1954</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>married</b>	8. DATE OF BIRTH <b>9-10-1880</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pumper in Oil field</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>New Albany, Ind</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Theodore Begshaw</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah E. Thomas</b>	14. NAME OF HUSBAND OR WIFE <b>Nellie Begshaw</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>509-05-9989</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Nellie Begshaw</b>	ADDRESS <b>Strasburg, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Coronary occlusion</b> DUE TO (c) <b>arterio-sclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pernicious Anemia</b>		5 years 2 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4/201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan, 1951, to Feb, 1954, that I last saw the deceased alive on Feb 6, 1954, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

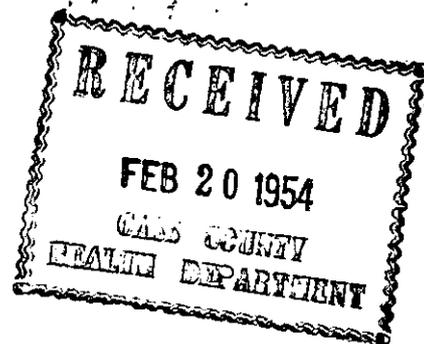
23a. SIGNATURE <b>Seard Jander</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Phos St Hill Mo</b>	23c. DATE SIGNED <b>2/13/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-14-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Strasburg Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Strasburg, Mo.</b>
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BATE, REC'D BY LOCAL REG. <b>Feb 16 1954</b>	REGISTRAR'S SIGNATURE <b>Nora Barnard</b>	457-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Barnard</b>	ADDRESS <b>Phos St Hill Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0190



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 Allen Brownfield

Licensed Embalmer No. B785

P. O. Address Pleasant Hill, 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.