

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5234

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 55-68 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (In outside corporate limits, write RURAL and give township) <u>Independence</u>	c. LENGTH OF STAY (In this place) <u>14 yrs</u>	c. CITY OR TOWN <u>Independence</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>7005</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>35th &amp; Toland Rd</u>		STREET ADDRESS (If rural, give location) <u>35th &amp; Toland Rd</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELIZA</u>	b. (Middle) <u>F</u>	c. (Last) <u>BEGGS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-1955</u>
--	----------------------------	-------------------------	---------------------------	--

5. SEX <u>F</u>	6. COLOR OF RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 29-1863</u>	9. AGE (In years last birthday) <u>91</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>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>
--	--	---	---

12a. FATHER'S NAME <u>James Stotts</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Bailey Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Wilson T 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 A. A. Condorman</u>	ADDRESS <u>Indep. 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, 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) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>General Arterio sclerosis</u>		
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>4-201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Aug 12, 1952 to Feb 14, 1955, that I last saw the deceased alive on Feb 10, 1955, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Nuth V. Andrews, M.D.</u>	23b. ADDRESS <u>Independence Mo</u>	23c. DATE SIGNED <u>2/15/55</u>
--	--	------------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>2-15-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mound Valley Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Mound Valley, Kane</u>
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-15-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	35th	GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>KC Mo</u>
--	---	------	--	-------------------------

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

Dr Ruth Andrews  
809 W Lexington  
Cl 5157

---

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 *Leonard Pessantino*

Licensed Embalmer No. *2453*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.