

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7425
STATE FILE NUMBER
1
3000
714
Registrar's No.

FILED APR 1 - 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 714

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp			Length of stay in 1b 4 Mo		d. STREET ADDRESS (If outside, give location) Laughlin Hosp		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First INEZ Middle LYDIA Last BEGOLE				4. DATE OF DEATH Month Mar Day 17 Year 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 4, 1878		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 8 Days 13 Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and state or country) Adair Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Sameul Clemison				14. MOTHER'S MAIDEN NAME Maxie Belle Miles			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Bert Begole		Address Gibbs Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Essential Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 5 hours ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Senile dementia						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			_____				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from Dec 4 1956 to March 17, 1957 and last saw her ^{her} him alive on 3-17-57 Death occurred at 10:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or title) D. T. Rhoads, D.C.				22b. ADDRESS Kirksville		22c. DATE SIGNED 3-19-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar 20, 1957	23c. NAME OF CEMETERY OR CREMATORY Helton Cemetery		23d. LOCATION (City, town, or county) (State) Adair County, Missouri		
24. FUNERAL DIRECTOR James M. Wilson			ADDRESS La Plata Mo		25. DATE RECD. BY LOCAL REG. 3-23-1957		26. REGISTRAR'S SIGNATURE Doug W. Ratliff

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 *Kenneth M. Wilson*.....

Licensed Embalmer No. 47

P. O. Address La Plata,.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.