

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24402**
3256

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE MO. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (If in this place) 6 days	c. CITY OR TOWN LEES SUMMIT
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSP.		* STREET ADDRESS (If rural, give location) RR # 4	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) GEORGE c. (Last) EDWARD BEGGS		4. DATE OF DEATH (Month) (Day) (Year) JULY 12 1957	
5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12 MARCH 1910
9. AGE (In years last birthday) 47		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welding Engineer	10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (City and State or Foreign Country) Jackson County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George R. Beggs		13b. MOTHER'S MAIDEN NAME Mamie Kennedy	14. NAME OF HUSBAND OR WIFE Minnie Beggs
15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, No, or Unknown) No		16. SOCIAL SECURITY NO. 496-07-2023	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Minnie Beggs, Lees Summit Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse Interstitial Hemorrhages		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		2041	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Thrombocytopenia	
DUE TO (c) Acute Myelogenous Leukemia		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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 1956 to 7-12-1957 , that I last saw the deceased alive on 7-12, 1957 , and that death occurred at 8:20 m., from the causes and on the date stated above.			
23a. SIGNATURE Robert K. Skillman M.D.		23b. ADDRESS 4635 W. Grand St. KC, Mo.	23c. DATE SIGNED 7-13-57
24a. HOSPITAL, CREMATION, REMOVAL (Specify)	24b. DATE 7-15-57	24c. NAME OF CEMETERY OR CREMATORIA Pleasant Hill Cemetery	24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.
DATE REC'D BY LOCAL REG. 7-13-57	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Beauford Stanley, Pleasant Hill Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Robert K. Skillman

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 *John P. Bidmon*.....
Licensed Embalmer No. *453*.....
P. O. Address *Zanesville*.....

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.