

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31700
State File No. 3999
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City.</u>	
c. LENGTH OF STAY (In this place) <u>One Day</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital K.C.Mo.</u>	
X d. STREET ADDRESS <u>2952 Hutchings</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Marie</u>	b. (Middle) <u>Juanita</u>	c. (Last) <u>Beggs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 26, 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Jan. 23, 1897</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Convalescent Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Her Self</u>	11. BIRTHPLACE (State or foreign country) <u>Indianapolis, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Richard Beggs</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Zelpha Helm</u>	ADDRESS <u>2952 Hutchings K.C.K.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>4201</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Massive posterior myocardial infarction</u> DUE TO (c) <u>Coronary 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	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) (m.)	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 8-25-, 1957 to 8-26-57, 1957, that I last saw the deceased alive on 8-26-, 1957, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. G. Neighbor MD</u>	23b. ADDRESS <u>1420 So. 42nd St. - K.C.K.</u>	23c. DATE SIGNED <u>8-27-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>August 29, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rochester Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Topeka, Kansas.</u>
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DATE RECD BY LOCAL REG. <u>8-29-57</u>	REGISTRAR'S SIGNATURE <u>Neve Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Echternacht</u>	ADDRESS <u>FUNERAL HOME 118 QUINDARO BLVD. KANSAS CITY 2, KANSAS</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD
E. G. Neighbor

Dr. Harold Neighbor,
1420 S. 42nd.

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

Harold E. Cetermark

Licensed Embalmer No. 3135

P. O. Address *St. Paul, Minn.*

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.