

Health,
& Welfare
Public
Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031464

STATE FILE NUMBER

FILED SEP 8 1958

Registration District No. 328

Primary Registration District No. 6112

Registrar's No. 27

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY SCOTT	
b. CITY OR TOWN KELSO Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kelso Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MAIN ST Length of stay in 1b —		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ROSA MARY BEGRAND			4. DATE OF DEATH Month Day Year AUG. 20-1958
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 FEB. 7, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) NEW HAMBURG, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME SAMUEL DIEBOLD	
13b. MOTHER'S MAIDEN NAME LOUISE BUCHER		14. NAME OF HUSBAND OR WIFE FRANK BEGRAND	
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. —	17. INFORMANT Address Miss JOSEPHINE BEGRAND - Kelso, Mo.
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 DUE TO (b) Generalized Arteriosclerosis DUE TO (c) 30 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 331X			INTERVAL BETWEEN ONSET AND DEATH 30 mins
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input 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 Jan 1958 to 30 Aug 58 and last saw her alive on 30 Aug 58 . Death occurred at 2:30 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) MD		22b. ADDRESS [Address]	
22c. DATE SIGNED 23 Aug 58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 8-23-1958		23c. NAME OF CEMETERY OR CREMATORY ST. AUGUSTINE CEMETERY	
23d. LOCATION (City, town, or county) (State) Kelso, Missouri		24. FUNERAL DIRECTOR ADDRESS BISPLINGHOFF FUNERAL Home - Tillmo, Mo.	
25. DATE RECD. BY LOCAL REG. Aug 23-1958		26. REGISTRAR'S SIGNATURE [Signature]	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *W. Chick*

Licensed Embalmer No. *4470*
P. O. Address *Illmo, 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.