

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011733

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 171 Primary Registration District No. 5639 Registrar's No. 11

**FILED** APR 3 1962

VS 300  
Rev. 4/59

0540

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Twp.</u>		Length of stay in lb <u>46 yrs.</u>	c. CITY OR TOWN <u>Mayview</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 mi East of Odessa,</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R 1, 7 mi. E. Odessa</u>
3. NAME OF DECEASED (Type or print) First <u>Otto</u> Middle <u>A.</u> Last <u>Begemann</u>		4. DATE OF DEATH Month <u>March</u> Day <u>26</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/30/1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	9. AGE (last birthday) <u>75</u>
11a. FATHER'S NAME <u>Dietrich Beggemann</u>		11b. MOTHER'S MAIDEN NAME <u>Carolina Wehking</u>	11. BIRTHPLACE (City and state or country) <u>Pinckney, Warren cty, Mo.</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		12b. SOCIAL SECURITY NO. <u>[redacted]</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u>		14. NAME OF HUSBAND OR WIFE <u>Caroline Beggeman</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>A.S.H.D.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>	
DUE TO (c) _____		SEVERITY <u>Severe</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Parkinsonism and B.H.P.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Aug 1960</u> to <u>3-26-62</u> and last saw him alive on <u>3-15-62</u> Death occurred at <u>7:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William E. Fulherson M.D.</u>		22b. ADDRESS <u>Higginsville Mo.</u>	22c. DATE SIGNED <u>3-29-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>3/29/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mayview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mayview, Lafayette, Mo.</u>
24. FUNERAL DIRECTOR <u>Ralph O. Jones, Odessa, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>3-31, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Emmie Davidson</u>

USE BLACK INK OR TYPEWRITER RIBBON

1957 - 1958 34

**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 Ralph O Jones  
Licensed Embalmer No. 4604

P. O. Address Odessa, 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.