MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-013959
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 136

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0017
2 0610
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4 0
5 1
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13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED BY DATE MAY 7 1962

1. PLACE OF DEATH
a. COUNTY Adair

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Macon

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b: 2 Wks

c. CITY OR TOWN La Plata — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: DONALD Middle: EARL Last: BEGOLE

4. DATE OF DEATH Month: April Day: 26 Year: 1962

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1/4/04

9. AGE (last birthday): 58

IF UNDER 1 YEAR: Months 3 Days 22 — IF UNDER 24 HR: Hours --- Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Sinclair Pipe Line

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Adair County, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles M. BeGole

13b. MOTHER'S MAIDEN NAME: Inez Clemison

14. NAME OF HUSBAND OR WIFE: Estelle BeGole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servi[illegible])

16. SOCIAL SECURITY NO.: [illegible]3

17. INFORMANT: Address: Mrs. Estelle BeGole, La Plata, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Chronic and acute duodenal ulceration

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Ruptured duodenal ulcer, peritonitis and septicemia; renal shut down

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 4-9-62, to 4-26-62 and last saw ~~her~~ him alive on 4-26-62

Death occurred at 1:40 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. E. Theton M. D.

22b. ADDRESS Kirksville Missouri

22c. DATE SIGNED 4/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4/28/62

23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery

23d. LOCATION (City, town, or county) (State) La Plata Missouri

24. FUNERAL DIRECTOR ADDRESS Wilson Funeral Home, La Plata, Mo.

25. DATE RECD. BY LOCAL REG. May 1. 1962

26. REGISTRAR'S SIGNATURE Doris W Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Permit issued June 26, 1962

P. E. Hilton, M.D.

MAY 10 1962

MAY 29 1963

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. H 701

P. O. Address La Plata, 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.