MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-014911
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 305

FILED APR 29 1963

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Boone County Hospital — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1101 Jewell Avenue — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Baby Middle: Boy Last: Beggs
4. DATE OF DEATH: Month: April Day: 24 Year: 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-24-63
9. AGE (last birthday) — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HR: Hours: 1 Min.: 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Columbia, Mo.
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Dr. John Harkness Beggs
13b. MOTHER'S MAIDEN NAME: Mildred Ruth Bettis
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Mildred Beggs Address: Columbia, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Placenta Previa of mother — 1 hr.
DUE TO (c):
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 12:30 4-24-63, to 2:15 4-24-63 and last saw her/him alive on 2:15 4-24-63
Death occurred at 2:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G. Van Leeuwen (Degree or title) MD
22b. ADDRESS: Columbia, Missouri
22c. DATE SIGNED: 4.24.63

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
23b. DATE: 4-26-63
23c. NAME OF CEMETERY OR CREMATORY: Boone County Hosp.
23d. LOCATION (City, town, or county): Columbia (State): Mo
24. FUNERAL DIRECTOR: Richard E Johnson, MD. ADDRESS:
25. DATE RECD. BY LOCAL REG.: April 26, 1963
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0109		
2	0109 2		
3			
4	0		
5	0		
6			
7	0		
8	1		
9	7600		
10			
11			
12	1-0		
13	3-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.