

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4425

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>4 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Pinckney twmsp.)</u>		d. STREET ADDRESS (If rural, give location) <u>1090 near Treloar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1955</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gustave</u>		b. (Middle) <u>Gottlieb</u>		c. (Last) <u>Begemann</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Sept. 8, 1877</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR (Month) (Day) <u>5</u> <u>12</u>		IF UNDER 6 HRS. (Hours) (Min.)			
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>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Warren County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dietrich Begemann</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Wehking</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lawrence Begemann, Treloar, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>char. nephritis</u> <u>cor. artery atherosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>1 yr</u> <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 24</u> , 19 <u>50</u> , to <u>Feb 20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 20</u> , 19 <u>55</u> , and that death occurred at <u>11</u> P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Wackerholde Mrs</u>		23c. DATE SIGNED <u>2-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>99</u> <u>2-23-55</u>		24c. NAME OF CEMETERY <u>St. Johns E & R Church</u>		24d. LOCATION (City, town, or county) (State) <u>Treloar, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/22/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.W. Nieburg & Co., Warrenton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

John J. Lieburg

Licensed Embalmer No. *389*

P. O. Address *Warrenton, N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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