

Health, Welfare, Public Service

300-1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1818

FILED FEB 6 1957

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. Lafayette							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twms.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Mile East of Odessa			Length of stay in lb 70 Yrs		d. STREET ADDRESS 5 Mi. east of Odessa		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Gottlieb				First A.		Middle Begemann		Last			
4. DATE OF DEATH January 18, 1957				Month January		Day 18		Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 10, 1880		9. AGE (In years last birthday) 77			
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Lafayette Co., Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Charles A. Begemen					14. MOTHER'S MAIDEN NAME Minnie Wehking						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 495-82-6100		17. INFORMANT Charlie Begemann, Odessa, 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) Coronary Occlusion			DUE TO (b) Arteriosclerosis			DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Advanced Cerebral sclerosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			2		
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. Month, Day, Year p. m.											
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 Jan 17 to 57 and last saw ^{him} Jan 18-57 alive on Jan 18-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge from the cause stated.											
22a. SIGNATURE W. M. [Signature] (Degree or title)					22b. ADDRESS Odessa Mo			22c. DATE SIGNED 1-22-57			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)				
Burial		Jan. 21, 1957		Mayview Cemetery			Mayview Mo.				
24. FUNERAL DIRECTOR Husman-Sparks ADDRESS Odessa, Mo.					25. DATE RECD. BY LOCAL REG. Jan 22, 1957		26. REGISTRAR'S SIGNATURE Erma Davidson				

(Licensed Embalmer's Statement on Reverse Side)

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 *William T. Spar...*

Licensed Embalmer No. *H.*

P. O. Address *Odessa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.