

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029465
STATE FILE NUMBER

FILED AUG 29 1958

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 123

5. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN BONNE TERRE 0941
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEMORIAL		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 110 LOUISE ST.
3. NAME OF DECEASED (Type or print) First KENNETH Middle A. Last BEGEMANN			4. DATE OF DEATH Month Aug Day 17 Year 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 17, 1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life. (If none, so stated) ASST. ROAD MASTER		10b. KIND OF BUSINESS OR INDUSTRY MO. PAC. R.R.	9. AGE (In years and birth day) 37
13a. FATHER'S NAME WM. H. BEGEMANN		13b. MOTHER'S MAIDEN NAME VELMA VON LANYI	11. BIRTHPLACE (City and state or country) MORRISON, MO.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? YES (Type or print) (If yes, give war or dates of service) WWI		14. NAME OF HUSBAND OR WIFE HARRIETT	12. CITIZEN OF WHAT COUNTRY? U.S.A.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLUS			INTERVAL BETWEEN ONSET AND DEATH 14 hrs
DUE TO (b) Multiple fractures of pelvis, ruptured bladder, multiple wounds, contused sigmoid colon & lacerated spleen			8 days
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Crushed BETWEEN ditch digger & CAR		
20c. TIME OF INJURY Hour 9:00 a.m. Month, Day, Year Aug 6 1958	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mo. PAC. RR, DE SOTO, MO		
20e. CITY, TOWN, OR LOCATION JEFFERSON MO	20f. COUNTY JEFFERSON		
21. I attended the deceased from Aug 6 1958 to Aug 14, 1958 and last saw him alive on Aug 14, 1958 Death occurred at 1:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. M. Mayfield, M.D.		22b. ADDRESS Crystal City, Mo	22c. DATE SIGNED Aug 14, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-16-58	23c. NAME OF CEMETERY OR CREMATORY VALHALLA	23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.
24. FUNERAL DIRECTOR LUSTON FUNERAL HOME ST. LOUIS, MO.		25. DATE RECD. BY LOCAL REG. 8-15-58	26. REGISTRAR'S SIGNATURE Paul A. Taylor

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
AUG 27 1958

SEP 8

1958

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 Geulry R. Felt

Licensed Embalmer No. 348
P. O. Address Crystal

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.