

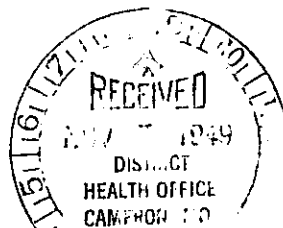
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33516

State File No.

BIRTH NO.		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4195		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gentry</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Gentry</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Albert</u> c. (Last) <u>Beauchamp</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12-1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: (Specify) <u>1</u>		8. DATE OF BIRTH <u>March 11-1863</u>	
9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR <u>7</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>Lemuel Beauchamp</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah</u>		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME <u>James Beauchamp</u> ADDRESS <u>Gentry 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) <u>Gentry Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Oct 1</u> 19 <u>49</u> , to <u>Oct 12</u> 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 12</u> 19 <u>49</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles N. Williamson D.O.</u>				23b. ADDRESS <u>Gentry Mo</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 13-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Denver, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 24-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edith Childs</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Coffey</u> ADDRESS <u>Brooks Albany 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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3329

P. O. Address Albany 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 this body is not embalmed, fact should be so stated above.