

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16378

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Grandia</u> c. LENGTH OF STAY (In this place) <u>5 yrs 2 mo 10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Grandia</u> d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles East on Highway 70</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for Aged Baptists</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Beuchamp</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 8, 1861</u>
9. AGE (In years last birthday) <u>89</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	11. BIRTHPLACE (State or foreign country) <u>Marborne Mo</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>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>her home</u>		
13a. FATHER'S NAME <u>Jacob Hudson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cloudis</u>	
13c. NAME OF HUSBAND OR WIFE <u>Bland Beuchamp</u>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify, or unknown) (If yes, give war or dates of service) <u>No</u>	15. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. D. Husney</u> ADDRESS <u>Ironton, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>terminal Bronchial pneumonia</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 days</u> <u>?</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) <u>480x</u>	
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>4-17</u> , 19 <u>51</u> , to <u>4-22</u> , 19 <u>51</u> (that I last saw the deceased alive on <u>4-21</u> , 19 <u>51</u> , and that death occurred at <u>11:30 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. E. Harland, M.D.</u>		23b. ADDRESS <u>Ironton, Mo.</u>	23c. DATE SIGNED <u>4-25-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Home</u>	24d. LOCATION (City, town, or county) (State) <u>Ironton, Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 10, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. A. J. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u> ADDRESS <u>Ironton, Mo</u>	

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

5470
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RECEIVED

MAY 14 1951

DISTRICT HEALTH OFFICE No. 6

To.....

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.....

was not embalmed

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Arnel J. White*

Licensed Embalmer No. *3012*

P. O. Address *District 115*

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.