

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29479

State File No. ....

FILED OCT 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1010

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>46 yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>702 Lincoln Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Mark</u>	c. (Last) <u>Beauchamp</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 28, 1951.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 16, 1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lithographic &amp; Press Operator-Printing.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Sedwick, Kansas.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George W. Beauchamp</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hobson</u>	14. NAME OF HUSBAND OR WIFE <u>Flora M. Beauchamp</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, state war or date of service) *****	16. SOCIAL SECURITY NO. <u>491-09-3478</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Flora M. Beauchamp</u>	ADDRESS <u>St. Joseph, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>3 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of rectum</u> DUE TO (c) <u>154X</u>		
	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 <u>Carcinoma of rectum removed - March 1948</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-28, 1951, to 9-28, 1951, that I last saw the deceased alive on 9-28, 1951, and that death occurred at 1:45P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Louise W. Ide M.D.</u>	(Degree or title) <u>D.</u>	23b. ADDRESS <u>702 Edmond St. St. Joseph, Mo.</u>	23c. DATE SIGNED <u>9-29-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>October, 1, 1951.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Mission Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wichita, Kansas.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 2, 1951</u>	REGISTRAR'S SIGNATURE <u>Paul C. Carter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Brewer Hoffer</u>	ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 10 1958

*Raymond A. Hershman*  
*Missouri*

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, *Raymond A. Hershman*

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Student Embalmer No. .... \*\*\*\*\*

working under my personal supervision.

Signed

*Raymond A. Hershman*

Signed .....  
Student Embalmer

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Student Embalmer

Licensed Embalmer No. 4415 Missouri.

P. O. Address St. Joseph, Missouri.

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.