

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41482**
5380
Registrar's No.

FILED JAN 12 1952 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CALDWELL	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) POLO	
c. LENGTH OF STAY (in this place) few min		d. STREET ADDRESS (If rural, give location) K I	
d. FULL NAME OF HOSPITAL OR INSTITUTION UNION STATION			
3. NAME OF DECEASED (Type or Print) a. (First) MR GEORGE		b. (Middle) Washington	
c. (Last) Beaubout		4. DATE OF DEATH (Month) (Day) (Year) Dec 15 1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 7-13-1877
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	
11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Craig T. BEAUBOUT		13b. MOTHER'S MAIDEN NAME Margaret Wilson	
14. NAME OF HUSBAND OR WIFE —			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Ella Hawthorn		ADDRESS Kingston, Mo.	

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) Shock + Hemorrhage resulting from multiple skull fractures + crushing of base of skull DUE TO (b) skull DUE TO (c) skull II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 28104 27
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, city, etc.) Wichita, Kansas	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wichita, Kansas Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-15-51 8:45 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car struck by train 123

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title)		23b. ADDRESS 4050 Broadway St. Sec 10		23c. DATE SIGNED 12-15-51
24a. BURIAL CREMATION (Specify) BURIAL	24b. DATE DEC-16-1951	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) POLO MISSOURI	
DATE REC'D BY LOCAL REG. 12-15-51	REGISTRAR'S SIGNATURE Deraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W.W. Newcomer Sons		ADDRESS 1331-BRUSH CREEK KANSAS CITY, MO.

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
Student Embalmer

Signed *Basil W. Honey*

Licensed Embalmer No. *4724*

P. O. Address *Gashland, 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.