

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21709

No. 300

10-48

State File No.

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 319 | | PRIMARY REG. DIST. NO. 6078 | | Registrar's No. 28 | |
| 1. PLACE OF DEATH a. COUNTY Ste. Genevieve | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Ste. Genevieve | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson | | c. LENGTH OF STAY (in this place) 4 Months | | c. CITY OR TOWN Bloomsdale Ste. Genevieve | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Bloomsdale, Mo | | | | e. STREET ADDRESS (If rural, give location) bloomsdale, Mo 0950 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) WARREN | | b. (Middle) JOSEPH | | c. (Last) BEAUCHAMP | |
| 4. DATE OF DEATH | | (Month) June | | (Day) 14 | | (Year) 1954 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | | 8. DATE OF BIRTH June 19, 1925 | |
| 9. AGE (In years last birthday) | | 28 | | IF UNDER 1 YEAR Months | | IF UNDER 12 HRS. Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Ste. Genevieve, Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John Beauchamp | | | 13b. MOTHER'S MAIDEN NAME Lucinda Minks | | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. 14 01 P | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Beauchamp Bloomsdale, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Corbica atelation</i> ANTECEDENT CAUSES <i>Pulmonary edema, Chronic Valvular heart disease</i> DUE TO (b) <i>Chronic Valvular heart disease</i> DUE TO (c) <i>None</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Lordoscoliosis</i> | | | | INTERVAL BETWEEN ONSET AND DEATH <i>1 Day</i> <i>4 days</i> <i>2</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>4214</i> | | | | 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 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 <i>June 8, 1954</i> , to <i>June 14, 1954</i> , that I last saw the deceased alive on <i>June 8, 1954</i> , and that death occurred at <i>9:45 A.M.</i> on the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>W. H. ...</i> | | | | 23b. ADDRESS <i>Ste. Genevieve, Mo</i> | | 23c. DATE SIGNED <i>June 15-54</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6-16-54 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary | | 24d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo | |
| DATE REC'D BY LOCAL REG. 6/15/54 | | REGISTRAR'S SIGNATURE <i>Lucille Basler</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Jerome A. ... Ste. Genevieve, Mo</i> | | | |

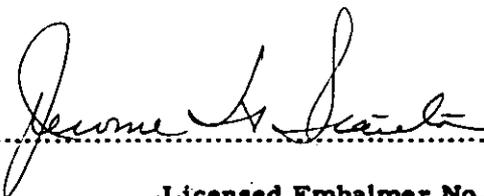
(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3817.....

P. O. Address Sta., Genevieve,

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.