.S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 - 1957

State File No. 13831

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: LINCOLN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELSBERRY
c. LENGTH OF STAY (in this place): 16 YR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 MI. EAST OF ELSBERRY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LINCOLN
c. CITY OR TOWN: ELSBERRY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 0570
e. STREET ADDRESS (If rural, give location): 3 mi. EAST OF ELSBERRY

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) MANLOVE c. (Last) BEAUCHAMP SR.

4. DATE OF DEATH (Month) (Day) (Year): MARCH 16 1957

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: OCT. 11, 1872
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY: DAIRY FARM
11. BIRTHPLACE (City and State or Foreign Country): Mt. CARMEL, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: JOHN N. BEAUCHAMP
13b. MOTHER'S MAIDEN NAME: MARY CASTIROh
14. NAME OF HUSBAND OR WIFE: GRACE TANNEHILL BEAUCHAMP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Stanley Beauchamp - ADDRESS: Elsberry, 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) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ARTERIOSCLEROSIS — years
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 332X
20. AUTOPSY? YES ☐ NO ☒ 2

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/1 *1957, to* 3/16 *1957, that I last saw the deceased alive on* 3/16 *1957, and that death occurred at* 8:00 *p m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D. 0
23b. ADDRESS: Elsberry, Mo
23c. DATE SIGNED: 3/18/57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-19-57
24c. NAME OF CEMETERY ~~OR CREMATORY~~: ELSBERRY CITY
24d. LOCATION (City, town, or county) (State): ELSBERRY, Mo.

DATE REC'D BY LOCAL REG.: 5/2/1957
REGISTRAR'S SIGNATURE: Mrs. Clarence Kientzy
25. FUNERAL DIRECTOR'S SIGNATURE: Garland Hicks - ADDRESS: Elsberry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

455 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4017

P. O. Address Eldoberry, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.