

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043166

STATE FILE NUMBER

FILED DEC 31 1958

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

281

1. PLACE OF DEATH

a. COUNTY

Audrain

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Mexico

Inside Limits
Yes ☒ No ☐

c. CITY
OR
TOWN

Richmond Heights

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Audrain Hospital 11 hrs.

Length of stay in 1b

d. STREET
ADDRESS

(If outside, give location)
7544 Ethel

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Thomas

Middle

Stone

Last

Beard

4. DATE
OF
DEATH

Month

Day

Year

Dec. 22 1958

5. SEX

☒ Male

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☒
WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

Dec. 6 1920

9. AGE (In years
last birthday)

38

IF UNDER 1 YEAR
Months Days Hours Min.
IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Mgr. Filling Sta.

10b. KIND OF BUSINESS OR
INDUSTRY

Oil

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Henry D. Beard

13b. MOTHER'S MAIDEN NAME

Jessie Unknown

14. NAME OF HUSBAND OR WIFE

Never Married

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes WW II

16. SOCIAL SECURITY NO.

498-16-9010

17. INFORMANT

Harry D. Beard 7544 Ethel Richmond

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Basilar Fracture of Skull

INTERVAL BETWEEN
ONSET AND DEATH

11 1/2 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Crushing injury of chest: pneumothorax

11 1/2 hrs.

DUE TO (c)

Fractured leg left

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Automobile Collision

20c. TIME OF
INJURY
Hour Month Day Year
a.m. 2:10 12/24/58

20d. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
firm, factory, street, office bldg., etc.)

Highway 40

20f. CITY, TOWN, OR LOCATION

Marion Mo.

COUNTY

STATE

21. I attended the deceased from
Death occurred at

2 P

to

and last saw her alive on

m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

1122 Clark Street Mo

22c. DATE SIGNED

12/22/58

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Cremation

23b. DATE

Dec. 23 1958

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Crematory

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Arnold Funeral Home Mexico, Mo.

25. DATE RECD. BY LOCAL REG.

Dec 23 1958

26. REGISTRAR'S SIGNATURE

Blanche Neely

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

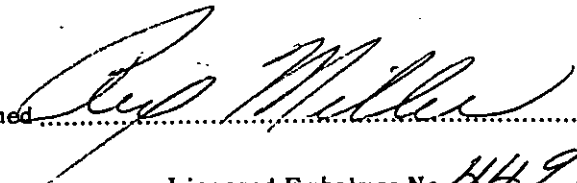
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STATEMENT BY LICENSED EMBALMER

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. 4492

P. O. Address Mexico

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.