URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 0 1959

59–037270

STATE FILE NUMBER

ENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 259

1. PLACE OF DEATH
a. COUNTY ST. CHARLES
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES — Length of stay in 1b: 8 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. ST. JOSEPHS HOSP — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ST. CHARLES
c. CITY OR TOWN ST. CHARLES — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) SOUTH RIVER RD. RT #4 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: IVAN Middle: H. Last: BEACH
4. DATE OF DEATH Month: Nov. Day: 2. Year: 1959
5. SEX: M
6. COLOR OR RACE: W.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov. 26. 1918
9. AGE (last birthday): 40
IF UNDER 1 YEAR: Months 11 Days 7
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TUBE & CABLE HANDLER
10b. KIND OF BUSINESS OR INDUSTRY: AIRCRAFT MFG.
11. BIRTHPLACE (City and state or country): TAYLORVILLE ILL
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: WILLIAM EDW. BEACH
13b. MOTHER'S MAIDEN NAME: MINERVA REYNOLDS
14. NAME OF HUSBAND OR WIFE: DELPHIA BROWNFIELD BEACH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO.: 343-18-5448
17. INFORMANT: DELPHIA BEACH Address: ST. CHARLES, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) STATEMENT FROM HOSPITAL PHYSICIAN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE TO~~ (b) DR. C DELEON (MD) INDICATES CORONARY
~~DUE TO~~ (c) THROMBOSIS (DATED NOV. 3-1959)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at APPROXIMATELY 4:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marcella Wilson L. Reg
22b. ADDRESS 402 HOLLY ST. CHARLES Mo
22c. DATE SIGNED 11/3/59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 11-3-59
23c. NAME OF CEMETERY OR CREMATORY OAK HILL CEM.
23d. LOCATION (City, town, or county) TAYLORVILLE (State) ILL
24. FUNERAL DIRECTOR JOSEPH SCHAEFFER ADDRESS TAYLORVILLE ILL
25. DATE RECD. BY LOCAL REG. Nov. 9-59
26. REGISTRAR'S SIGNATURE Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

NOV 12 1959
NOV 20 1959
NOV 13 1959

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Howard O Kissler
Signature of Student Embalmer

Licensed Embalmer No. 4631

P. O. Address Wentzville,

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