URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1959

59-040688
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 169

AMENDED

1. PLACE OF DEATH
a. COUNTY Jeff.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jonchim Twsp.
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION Highway 61-67, Mon Family
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1904 Destrahan
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lena Middle Inez Last Beaujean
4. DATE OF DEATH Month Day Year 11-22-59
5. SEX Female
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-23-1912
9. AGE (last birthday) 47
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Iberia, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME W.E.Atwill
13b. MOTHER'S MAIDEN NAME Maude Oakes
14. NAME OF HUSBAND OR WIFE Arthur Beaujean
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 John F. Atwill Address Springfield, 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) Multiple Fractures & Internal Injuries
INTERVAL BETWEEN ONSET AND DEATH —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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.) Head-on Auto crash.
20c. TIME OF INJURY Hour 11:00 a.m. ~~p.m.~~ Month, Day, Year 11/22/59
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.) Highway
20f. CITY, TOWN, OR LOCATION Jonchim Twsp. COUNTY Jeff. STATE Mo.
21. I attended the deceased from Coroner's View, to and last saw her/him alive on
Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE James C. Sohn (Degree or title) D.C. Coroner
22b. ADDRESS Festus, Mo.
22c. DATE SIGNED 11/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-25-59
23c. NAME OF CEMETERY OR CREMATORY East Lawn
23d. LOCATION (City, town, or county) (State) Springfield, Mo.
24. FUNERAL DIRECTOR Thieme Funeral Home ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 11-23-59
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 8 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_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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