URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 16 1960

-60-007808

STATE FILE NUMBER

ENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre,
Length of stay in 1b 11 Months.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Bonne Terre,
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 414 Shepard Street.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Emma Middle: Sarah Last: Beauchamp
4. DATE OF DEATH Month: February Day: 6, Year: 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 12/8/1871
9. AGE (last birthday) 88yrs.
IF UNDER 1 YEAR: Months 1 Days 29
IF UNDER 24 HR: Hours 5 Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Chillicothe, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jesse Rector
13b. MOTHER'S MAIDEN NAME Malissa Akers
14. NAME OF HUSBAND OR WIFE David M. 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. 489-010155-B
17. INFORMANT Jesse H. Mace, Address Bonne Terre, 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) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 1 year
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)
Chronic purulent bronchitis
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 5-12-59, to 2-6-60 and last saw her alive on 2-6-60.
Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Marvin T. Haw (Degree or title) M.D.
22b. ADDRESS Bonne Terre, Mo.
22c. DATE SIGNED 2/6/60.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/9/60
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) St. Louis, Missouri (State)

24. FUNERAL DIRECTOR Sparks Funeral Home ADDRESS Bonne Terre, Mo.
Albert Hoppe Funeral Service
25. DATE REC'D. BY LOCAL REG. Feb. 8, 1960
26. REGISTRAR'S SIGNATURE Esther Rudloff
(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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. 4256

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.