

# R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 29 1960

-60-024178

INDEXED

Registration District No. 301 Primary Registration District No. \_\_\_\_\_ Registrar's No. 47

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ripley</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairdealng Route 1</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hwy. U.S. 160. 12 Mi. N.E. of Doniphan</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> c. CITY OR TOWN <u>Fairdealng Route 1</u> d. STREET ADDRESS (If outside, give location) Length of stay in lb <u>2 1/2 yrs.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Louis</u> Middle <u>Wilder</u> Last <u>Beaudry</u>				<b>4. DATE OF DEATH</b> Month <u>June</u> Day <u>6</u> Year <u>1960</u>			
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>June 23, 1892</u>	
<b>9. AGE</b> (last birthday) <u>67</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Industrial</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Hartford, Conn.</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>Raymond F. Beaudry</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Alice Wilder</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ted Beaudry, Davenport, Iowa</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes. W.W.I.</u>				<b>16. SOCIAL SECURITY NO.</b> <u>342-20-2731</u>		<b>17. INFORMANT</b> <u>Ted Beaudry, Davenport, Iowa</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____							
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> _____ <b>STATE</b> _____	
<b>21. I attended the deceased from _____ to _____ and last saw her alive on _____</b> Death occurred at <u>Approx. 6:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Coroner, Ray Meems, Doniphan, Mo.</u>				<b>22b. ADDRESS</b> <u>Doniphan, Missouri</u>		<b>22c. DATE SIGNED</b> <u>June 10, 1960</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>June 10, 1960</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Doniphan Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Doniphan, Missouri</u>	
<b>24. FUNERAL DIRECTOR</b> <u>Ray Meems, Doniphan, Mo.</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>June 23-1960</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Flava Broz</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 3 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ray Measat

Licensed Embalmer No. 3743

P. O. Address Donipham

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.