MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-001041
STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 4

FILED JAN 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0380
2	0380
3	
4	1
5	0
6	
7	0
8	2
9	4201
10	
11	
12	90-2
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED 2 — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Gentry — Length of stay in 1b: lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Gentry
c. CITY OR TOWN: Gentry — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First BESSIE Middle MAY Last BEAUCHAMP

4. DATE OF DEATH: Month January Day 2, Year 1963

5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Widowed ☐ Never Married XX Divorced ☐
8. DATE OF BIRTH: 1/20/'92
9. AGE (last birthday): 70 — 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): at home
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Gentry Co., Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Charles Beauchamp
13b. MOTHER'S MAIDEN NAME: Judy Blaylock
14. NAME OF HUSBAND OR WIFE: none

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: Mr. James Beauchamp — Address: Gentry, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hypostatic Pneumonia	4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension	10 yrs
DUE TO (c)	Also had coronary heart disease	6 yrs

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

MEDICAL CERTIFICATION

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 15. Oct. 1956, to 2. Jan. 63 and last saw her alive on 2. Jan 63
Death occurred at 8:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr. D. Merrill D.O.
22b. ADDRESS: Albany, Mo.
22c. DATE SIGNED: 1-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Jan. 4, 1963
23c. NAME OF CEMETERY OR CREMATORY: Parie Chapel
23d. LOCATION (City, town, or county) (State): Worth Co., Missouri

24. FUNERAL DIRECTOR: Brooks-Cochell Funeral Home — ADDRESS: Albany, Mo.
25. DATE RECD. BY LOCAL REG.: 1-3-63
26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

Recd
1-3-'63

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E Cockrell

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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.