

No. 300
10.48

APR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13824

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 441 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bowling Green</u>	c. LENGTH OF STAY (in this place) <u>30 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Bowling Green 0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1405 W. Centennial</u>		d. STREET ADDRESS (If rural, give location) <u>1405 W. Centennial</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Mae</u> c. (Last) <u>Beauchamp</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 13-1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 26-1881</u>	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (State of foreign country) <u>New Hartford township</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Marcus W. McGeorge</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Keith</u>	14. NAME OF HUSBAND OR WIFE <u>Milt Beauchamp</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Milt Beauchamp - Bowling Green</u>	ADDRESS <u>Bowling Green</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of Humerus</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0123</u>			

19a. DATE OF OPERATION <u>12-15-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Tuberculosis of Humerus</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>

22. I hereby certify that I attended the deceased from 12-12 1950, to 12-30, 1950, that I last saw the deceased alive on 12-30, 1950, and that death occurred at 8 m., from the causes and on the date stated above.

23. SIGNATURE <u>W. B. C. Moore M.D.</u> (Degree or title)	23b. ADDRESS: <u>Louisiana, Missouri</u>	23c. DATE SIGNED <u>4-15-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-13-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hartford</u>	24d. LOCATION (City, town, or county) (State) <u>Pike Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-23-52</u>	REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. C. Moore - Bowling Green</u>	ADDRESS <u>Bowling Green</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W. B. Chioze

Signed.....
Student Embalmer

Licensed Embalmer No. *3466*

P. O. Address *Brooklyn Green St*

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 this body is not embalmed, fact should be so stated above.