

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1953

State File No. 29775  
Registrar's No. 7218

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bulpitt</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Children's Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>Box 47</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sharon</b> b. (Middle) <b>Gayle</b> c. (Last) <b>Beavers</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 24 1953</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>Dec 9, 1938</b>
9. AGE (In years last birthday) <b>14</b>		10. MONTHS <b>1</b>	11. HOURS <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STUDENT</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Robert William Beavers</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Ford</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>C. Rupe - St. Louis Children's Hosp</b>	
17. ADDRESS <b>St. Louis Children's Hosp</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cranio-pharyngioma - supravellar of brain</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>224 X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>7-22-53</b> , 19 <b>53</b> , to <b>7-24-53</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>7-24-53</b> , 19 <b>53</b> , and that death occurred at <b>9:27</b> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Don L. Thurston, MD</b> (Degree or title)		23b. ADDRESS <b>Childrens Hospital</b>	
23c. DATE SIGNED <b>7-24-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>July 24, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Taylorville Illinois</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Jul 24 1953</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John R. McManus</b> ADDRESS <b>Taylorville Ill.</b>	
25. ADDRESS <b>7285</b> (Licensed Embalmer) (Statement on Reverse Side) <b>5686</b>			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Not Embalmed*  
*John P. McManus*

Licensed Embalmer No. *8652*

P. O. Address *Taylorville, Ill.*

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.