

FILED AUG 24 1949

STANDARD CERTIFICATE OF DEATH

State File No. 26461

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>197</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>2ysr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		d. STREET ADDRESS (If rural, give location) <u>509 Washington St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>							
3. NAME OF DECEASED (Type or Print) <u>Beulah Bealmer</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Jan. 1, 1882</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salealady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kress Store</u>		11. BIRTHPLACE (State or foreign country) <u>LaPlata, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Enoch B. Dabney</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah E. Soddrell</u>		14. NAME OF HUSBAND OR WIFE <u>Unk</u>		
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>498-03-0550</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Woodrow Bealmer</u>		ADDRESS <u>Jefferson City, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute bacterial endocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
Morbid 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Aug. 9, 1949</u> , to <u>Aug 14, 1949</u> , that I last saw the deceased alive on <u>Aug 14, 1949</u> , and that death occurred at <u>2:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Earl J. Lloyd</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Jeff. City, Mo.</u>		23c. DATE SIGNED <u>8-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-16-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LaPlata Mo. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LaPlata, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 15-1949</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris MD - NR 0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Breacher</u>		ADDRESS <u>Jefferson City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 10 1950

District File Number

District Health Officer No. 9

AUG 22 1949

RECEIVED

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. 315

working under my personal supervision.

Student Bill Branson Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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 this body is not embalmed, fact should be so stated above.