

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3903

State File No. ....

1043

FILED MAR 6 1952 93

BIRTH NO. ... REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4021 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LADDONIA</u> c. LENGTH OF STAY (in this place) <u>5 WKS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IN FRONT OF DOCTORS HOME</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LADDONIA</u> d. STREET ADDRESS (If rural, give location) <u>854-1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LINDA</u> b. (Middle) <u>SUE</u> c. (Last) <u>BEALMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 27-52</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN 23-52</u>
9. AGE (In years last birthday) <u>0</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>MEXICO MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>WALLACE Bealmer</u>	13b. MOTHER'S MAIDEN NAME <u>LUCY W. Williams</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WALLACE BEALMER</u> ADDRESS <u>LADDONIA, MO</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES (b) <u>Marasmus</u> 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 _____			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Laddonia Audrain Mo.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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? <u>491X</u>	
22. I hereby certify that I attended the deceased from <u>2-25-1952</u> , to <u>2-26-1952</u> , that I last saw the deceased alive on <u>2-25-1952</u> , and that death occurred at <u>6:00 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. C. Meminger</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Laddonia, Mo.</u>	23c. DATE SIGNED <u>2-27-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>MEXICO MO</u>
DATE REC'D BY LOCAL REG. <u>2-3-52</u>	REGISTRAR'S SIGNATURE <u>Marion G. Garrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold Jr.</u> ADDRESS <u>MEXICO MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Richard Y. McDonald*

Licensed Embalmer No. *4825*

P. O. Address *Memphis, 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.