S. No. 200
v. 10.48

FILED MAY 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17193

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 5719 Registrar's No. 147

0610
1

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bevier Rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bevier Rural 0610
d. STREET ADDRESS (If rural, give location) — 0

3. NAME OF DECEASED (Type or Print)
a. (First) Benjamin
b. (Middle) F
c. (Last) Bealmear

4. DATE OF DEATH (Month) (Day) (Year) 4 - 2 - 52

5. SEX Male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH 12-10-73
9. AGE (In years last birthday) 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Macon Co. Mo 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alfred Bealmear
13b. MOTHER'S MAIDEN NAME Eliza Bunch
14. NAME OF HUSBAND OR WIFE Addie Bealmear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) m (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Addie Bealmear — ADDRESS Bevier Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of the [redacted] Right lung Primary - Helix — 4 yrs
DUE TO (c) of Right Ear

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 1991
20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1948, *to* 4/1/, 1952, *that I last saw the deceased alive on* 4/1/, 1952, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. L. Durden D.O.
23b. ADDRESS Macon
23c. DATE SIGNED 4/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-4-52
24c. NAME OF CEMETERY OR CREMATORY Old Chariton Cem.
24d. LOCATION (City, town, or county) (State) Callao Mo

DATE REC'D BY LOCAL REG. 4-10-52
REGISTRAR'S SIGNATURE Josephine King 397
25. FUNERAL DIRECTOR'S SIGNATURE H. G. Edwards — ADDRESS Bevier Mo

(Licensed Embalmer's Statement on Reverse Side)

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

2
0

RECEIVED 5.8.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 5.52.89
Date Filed 5.8.52

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 James D. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 4478

P. O. Address Bevier 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.