

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **101**

FILED JAN 19 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5032** Registrar's No. **6**

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

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b> <b>LINN TWP.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b> <b>GAURE LINN TWP.</b>	
c. LENGTH OF STAY (In this place) <b>5 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>Rfd #1, Laddonia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RFD #1, Laddonia</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b> b. (Middle) <b>Bell</b> c. (Last) <b>BEALMEAR</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 6, 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb 6, 1875</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) <b>Monroe County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Wm. James</b>		
13b. MOTHER'S MAIDEN NAME <b>Fannie Bruner</b>			14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE AND ADDRESS <b>Mrs. A. D. Cullifer, Moberly, Mo.</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH, (a) <b>Myocarditis causing a circulatory condition and high blood pressure of a chronic nature, agravated by influenza and acid burns</b>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (b) <b>over throat and chest causing shock.</b>			
II. OTHER SIGNIFICANT CONDITIONS (c) <b>Unattended by a Physician.</b>		DUE TO (c) <b>application of acid by accident.</b>			
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>LINN RFD Laddonia Audrain MOSSO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 6, 1953 1a m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>accidental spilling of acid on body</b>	

22. I hereby certify that I attended the deceased from **Inquest with Jury 1-6-53**, that I last saw the deceased **DIED** on **Jan 6, 1953**, and that death occurred at **1 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>S. C. Adams M.D. Coroner</b>		23b. ADDRESS <b>Mexico, Mo.</b>		23c. DATE SIGNED <b>1-6-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-8-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>Jan 8-1953</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely 95</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Chas Arnold, JR Mexico, Mo</b>	
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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 F. Donald*

Licensed Embalmer No. *4825*

P. O. Address *Mexico, 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.