

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>135</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wicksville</u>		c. LENGTH OF STAY (in this place) <u>18 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Atlanta</u>		d. STREET ADDRESS (If rural, give location) <u>0610</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>George Albert</u> b. (Middle) <u>Bealmer</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>June 21 1867</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm F Bealmer</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Southers</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Bealmer</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Verdine Elephant</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1st, 2nd, & 3rd Degree Burns over 43% of body surface.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT CAUSE <u>Burns</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Atlanta Macon MO</u>			
21d. TIME OF INJURY <u>May 3, 1954</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Paper for brooder ph. was warming, some fire & set fire to his clothes.</u>			
22. I hereby certify that I attended the deceased from <u>May 3, 1954</u> , to <u>May 21, 1954</u> , that I last saw the deceased alive on <u>May 20, 1954</u> , and that death occurred at <u>1-30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack O. Antler</u>				23b. ADDRESS <u>Laughlin Hospital - Wicksville, Mo.</u>		23c. DATE SIGNED <u>5-22-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 22, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharitan</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Macon Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>5-25-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Humbordding</u>		ADDRESS <u>Atlanta Mo</u>	

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 H. M. Gooding

Licensed Embalmer No. 1750

P. O. Address Atlanta, 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.