

REC'D MAR 16 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

6315

Do not use this space.

## 1. PLACE OF DEATH

(a) County Cooper Registration District No. 218  
 (b) Township Bronnville Primary Registration District No. 3015- Registered No. 19  
 (c) City Bronnville (d) Street No. St. Joseph Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Don Frederick Bealer Jr

(a) Residence, No. 4011 Don Frederick Bealer Jr St.  California Missouri  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 11 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bronnville Mo13. NAME Don F. Bealer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo15. MAIDEN NAME Kathryn Alice Bealer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo17. INFORMANT (ADDRESS) Don F. Bealer  
California, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Hospital DATE 2/11 193919. FUNERAL DIRECTOR (ADDRESS) Walter and Fredrick  
California Mo20. FILED Feb 9 1939 Bealer Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 193922. I HEREBY CERTIFY, That I attended deceased from 8 p.m. 2-9 1939, to 2 a.m. 2-9 1939I last saw him alive on 2-7 1939. Death is saidto have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Shock

Date of onset

Other contributory causes of importance:

Rupture of diaphragm  
left chest - with resulting  
tearing through entrance of stomach  
into left chest cavity.

Name of operation none Date of noneWhat test confirmed diagnosis? clin. Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? acc Date of injury 2-9 1939Where did injury occur? Home California Mo  
 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Home  
Accident during paroxysm of coughing due  
to throat cancer.Manner of injury Stated above24. Was disease or injury in any way related to occupation of deceased? 

If so, specify

(Signed) W.H. Bealer, M. D.  
Bronnville Mo1939 (Address) Bronnville Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3/6/39

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Aug L. E. Millman  
Licensed Embalmer No. 3557  
P. O. Address California 9m

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, above space should be left blank.