Health, Welfare Public Service,

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-022137

FILED JUN 24 1959 Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY: MACON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): MACON — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lakeview Resthome — Length of stay in 1b: 6 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: MACON
c. CITY OR TOWN: Atlanta, Mo — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: William Middle: Lona Last: Bealmer

4. DATE OF DEATH: Month 6 Day 1 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9/5/1884
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 8 Days 26 — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Retail
11. BIRTHPLACE (City and state or country): Barnesville, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Ford Bealmer
14. MOTHER'S MAIDEN NAME: Nancy Souther
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 486-38-6394
17. INFORMANT: Woodrow Bealmer — Address: Mexico, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Epidermoid carcinoma of the columnella of the nose with metastases to the left submaxillary region. — INTERVAL BETWEEN ONSET AND DEATH: 15 Month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Myelosclerosis with splenomegaly and anemia 1600
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1957, to 1959 and last saw him alive on May 30, 1959. Death occurred at 4:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: T. L. Dunden (Degree or title) D.O.
22b. ADDRESS: Macon, Missouri
22c. DATE SIGNED: 6-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-4-1959
23c. NAME OF CEMETERY OR CREMATORY: Old Chairton
23d. LOCATION (City, town, or county): MACON Co. (State): Mo

24. FUNERAL DIRECTOR: Theo H. Goodding — ADDRESS: Atlanta, Mo.
25. DATE RECD. BY LOCAL REG.: 6/18/59
26. REGISTRAR'S SIGNATURE: Ruth McCurdy

(Licensed Embalmer's Statement on Reverse Side)

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County File No. ...

Date Filed ... 6-23-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ... Theo. H. Goodding ..., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed. Theo H. Goodding

Licensed Embalmer No 398

P. O. Address Atlanta,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.