

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5880

|  |  |   |  |  |   |   |  |
|--|--|---|--|--|---|---|--|
| BIRTH NO. <u>124</u>   |  | REG. DIST. NO. <u>316</u>   |  | PRIMARY REG. DIST. NO. <u>6073</u>   |   | Registrar's No. <u>74</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Perry Township</u>   |  | c. LENGTH OF STAY (in this place) <u>35 yrs.</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Perry Township</u>   |   | 94  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi. N.E. of Fredericktown</u>   |  |   |  | d. STREET ADDRESS (If rural, give location) <u>8 mi. N.E. of Fredericktown</u>   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Lewis</u> b. (Middle) <u>W.</u> c. (Last) <u>Bequette</u>  |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>March 1, 1949</u> |  |   |   |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |   | 8. DATE OF BIRTH <u>Oct. 25, 1869</u>   |  |
| 9. AGE (In years last birthday) <u>79</u>  |  | IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>   |  | IF UNDER 4 HRS. Hours <u></u> Min. <u></u>   |   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country) <u>Madison county - Missouri</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>Joe Bequette</u>   |  |   | 13b. MOTHER'S MAIDEN NAME <u>Veronica Thomason</u>               |  | 14. NAME OF HUSBAND OR WIFE <u>Rachael Bequette</u> |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>L. J. Bequette</u> ADDRESS <u>Genec. Terre, Mo.</u>   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                    |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>                                    |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |   |   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                   |  |  |   |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>March 1st, 1949</u> , to <u>March 1st, 1949</u> , that I last saw the deceased alive on <u>3-1st, 1949</u> , and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above. |  |   |  |  |   |   |  |
| 23a. SIGNATURE (In case of title) <u>Maura Grooman MD</u>  |  |   |  | 23b. ADDRESS <u>Fredericktown Mo</u>   |   | 23c. DATE SIGNED <u>3/2/49</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>   |  | 24b. DATE <u>March 3, 1949</u>  |  | 24c. NAME OF CEMETERY OR CREMATOR <u>Crossroads Cemetery</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>St. Francois county, Mo.</u>       |  |
| DATE REC'D BY LOCAL REG. <u>Mar. 4, 1949</u>   |  | REGISTRAR'S SIGNATURE <u>Ethera Ruddle</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adams</u>   |   | ADDRESS <u>Fredericktown, Mo.</u>   |  |

DEPT. OF HEALTH  
Licensor No. 43  
No. 249-321  
3-7-49

**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.

Signed L. L. Adams

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4251

P. O. Address Fredericktown, 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.