

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42004
10579

BIRTH NO. 60742-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS - Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLACKWELL</u> 1940	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) <u>PAUL JOSEPH BEQUETTE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-10-50</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>9-18-50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BLACKWELL - Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>JOSEPH F. BEQUETTE</u>	13b. MOTHER'S MAIDEN NAME <u>ANIS CROWLEY</u>	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>DOROTHY SHELLEY</u>	ADDRESS <u>500 S. KINGSHIGHWAY</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac and Respiratory Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>adrenocortical insufficiency</u>		
II. OTHER SIGNIFICANT CONDITIONS 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>274X</u>
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22. I hereby certify that I attended the deceased from 11-24, 1950, to 12-10, 1950, that I last saw the deceased alive on 12-10, 1950, and that death occurred at 5:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. G. Klingberg M.D.</u>	(Degree or title)	23b. ADDRESS <u>Children's Hosp.</u>	23c. DATE SIGNED <u>12-10-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH</u>	24d. LOCATION (City, town, or county) (State) <u>Tift Mo</u>
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DATE REC'D BY LOCAL REG. <u>DEC 12 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Farster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Mathushead</u>	ADDRESS <u>DeSoto, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Andrew H. England

Signed.....
Student Embalmer

Licensed Embalmer No. *4745*

P. O. Address *De Soto, 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.