

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **4040**

0164
 1

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
c. LENGTH OF STAY (In this place) 38 yrs.		d. STREET ADDRESS (If rural, give location) General Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Delivery		e. STREET ADDRESS (If rural, give location) General Delivery	

3. NAME OF DECEASED (Type or Print) ADDIE BEQUETT			4. DATE OF DEATH (Month) (Day) (Year) February 20, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 18, 1877		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY U. S.	

13a. FATHER'S NAME Robert Miskell		13b. MOTHER'S MAIDEN NAME Mahally Monroe		14. NAME OF HUSBAND OR WIFE Louis Bequett	
--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Albert Jones		ADDRESS Cape Girardeau, Mo.	
---	-----------------------------------	--	--	------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident Probably thrombotic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Pneumonia, lobar Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 6 days 332 X 4 days	
--	---	--	--	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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 Feb 16, 1951, to Feb 18, 1951, that I last saw the deceased alive on Feb 18, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Crowe M.D.		23b. ADDRESS Cape Girardeau Mo 2/20/51		23c. DATE SIGNED	
---	--	---	--	------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 21, 1951	24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri		
---	--------------------------------	--	---	--	--

DATE REC'D BY LOCAL REG. 2-20-51	REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home Cape Gir.		
---	--	--	--	--	--

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

RECEIVED

FEB 26 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Virgil H. Welch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau, 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.