

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7341
 Registrar's No. 6

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Old Mines Rural-Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Old Mines Rural-Union</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Old Mines 1100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Mines</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Zeno</u> c. (Last) <u>Bequette</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 5 1951</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>9-10-1876</u>
9. AGE (In years last birthday) <u>74</u>		# UNDER 1 YEAR (Months) <u>3</u>	# UNDER 2 HRS. (Hours) (Min.) <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Old Mines. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Frank Bequette</u>		13b. MOTHER'S MAIDEN NAME <u>Clothilda Portell</u>	14. NAME OF HUSBAND OR WIFE <u>Neoma Bequette</u>
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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edgar Bequette. Old Mines. Mo</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fall from a bridge on Aug. 21 - accident.</u> DUE TO (c) _____ 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"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Aug. 21.</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>110</u> (COUNTY) <u>Cadett, Mo.</u> (STATE) <u>R.I. Washington Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 4 1951 10 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall from a bridge</u>
22. I hereby certify that I attended the deceased from <u>the physician</u> , 19____, that I last saw the deceased alive on <u>Nov. 19</u> , 19____, and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph L. Thurman</u> (Degree or title) <u>3 M.D. Coroner</u>		23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>2-5-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-8-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joachims Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Old Mines Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-6-51</u>		REGISTRAR'S SIGNATURE <u>Herbert Wald</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyer Funeral Home Potosi. Mo</u>

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

1100
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RECEIVED

FEB 13 1951

WASH. COUNTY HEALTH DEPT.

File No. 257-66

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.....

Student Embalmer

Signed Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.