

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15390

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6244</u>		Registrar's No. <u>20</u>	
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</u>		c. LENGTH OF STAY (In this place) <u>25 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Old Mines</u>		<u>1100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Mines</u>				d. STREET ADDRESS (If rural, give location) <u>Old Mines</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Albert</u>		b. (Middle) <u>Charles</u>		c. (Last) <u>Bequette</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 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>3-19-1870</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>railroad man engineer ret</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Washington County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Towfield Bequette</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Ann Mary (deceased)</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>487-20-8285</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Fred Bequette Cadet RT #1 Mo</u>				17. ADDRESS <u>4201</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, asthenia, etc. It means the disease, injury, or complication which caused death.	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. DATE SIGNED <u>4-12-51</u>		21h. ADDRESS <u>Potosi, Mo.</u>	
22. I hereby certify that I attended the deceased from <u>noon</u> , 19 <u>51</u> , to _____, 19 <u>51</u> , that I last saw the deceased alive on <u>noon</u> , 19 <u>51</u> , and that death occurred at <u>8 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph L. Thurman, M.D.</u> <u>Coroner</u>				23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>4-12-51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-13-1951</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>4-13-51</u>		REGISTRAR'S SIGNATURE <u>Harriet Rudall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer funeral home potosi, mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 1 1958

WASH. COUNTY HEALTH DEPT.

File No. 481-88

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

Mary M. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 4394

P. O. Address Bozoni, 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.