

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

500
1

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

9662
FILED NOV 13 1953

BIRTH NO. _____		REG. DIST. NO. 159	PRIMARY REG. DIST. NO. 4219	Registrar's No. 43
1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission: a. STATE Mo. b. COUNTY JEFF. 0500		
b. CITY OR TOWN HILLSBORO		c. CITY OR TOWN HILLSBORO		
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) DEBORAH b. (Middle) KAY c. (Last) BEQUETTE			4. DATE OF DEATH (Month) (Day) (Year) OCT. 30 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH FEB. 12, 1953	9. AGE (In years last birthday) 8 1/2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) HILLSBORO, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME LENIS BEQUETTE		
13b. MOTHER'S MAIDEN NAME THERESA MOSS		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME LENIS BEQUETTE ADDRESS HILLSBORO Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor pneumonia INTERVAL BETWEEN ONSET AND DEATH 12 hours 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 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)		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?
22. I hereby certify that I attended the deceased from Oct 30 , 19 53 , to Oct 30 , 19 53 , that I last saw the deceased alive on Oct 30 , 19 53 , and that death occurred at 10A. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Neil V. Hoffmeyer M.D.		23b. ADDRESS Desoto, Mo.		23c. DATE SIGNED Oct 31, 53.
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 2, 1953	24c. NAME OF CEMETERY OR CREMATORY GOOD SHEPHERD	24d. LOCATION (City, town, or county) (State) HILLSBORO Mo.
DATE REC'D BY LOCAL REG. 11-2-53		REGISTRAR'S SIGNATURE Richard M. Mendenhall		25. FUNERAL DIRECTOR'S SIGNATURE Donald B. Dietrich ADDRESS Desoto Mo.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

NOV 12 1953
DATE RECEIVED

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4104

P. O. Address Delato 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.