THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 027688
STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 405

Delayed

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau, In City — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN Cape Girardeau — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Haven of Rest Home — Length of stay in 1b 44 yrs.	d. STREET ADDRESS (If outside, give location) Rt # 2 Box # 62 — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Louis Middle: Last: Bequette	4. DATE OF DEATH Month: July Day: 18 Year: 1957		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	8. DATE OF BIRTH: Jan. 10, 1868
9. AGE (In years last birthday): 89	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Retired	11. BIRTHPLACE (City and state or country): Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ~~Unknown~~ August Bequette	14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Mary Simpson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Goldie Bequette Address: Cape Gir., Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic pyelonephritis — 5 yrs +

DUE TO (c) Generalized Arteriosclerosis — 15 yrs +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 6000

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1956, to July 18, 1957 and last saw him alive July 15, 1957. Death occurred at 9:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W. Crowe MD

22b. ADDRESS: Cape Girardeau Mo

22c. DATE SIGNED: July 19, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: July 20, 1957	23c. NAME OF CEMETERY OR CREMATORY: St. Mary's	23d. LOCATION (City, town, or county) (State): Cape Girardeau Mo.
24. FUNERAL DIRECTOR: Ford + Sons F. H.	ADDRESS: Cape Girardeau, Mo.	25. DATE RECD. BY LOCAL REG.: 9-2-1957	26. REGISTRAR'S SIGNATURE: C. C. Summers

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

dr crowe

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signed William E. Fre

Signature of Student Embalmer

Licensed Embalmer No. 4

P. O. Address Cape Gir

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.