

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 22 1959

'59 0 4 5 1 6 4

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 474

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Desloge		Length of stay in 1b	c. CITY OR TOWN Desloge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 803 South Main		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 803 South Main		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ARCH Middle WALTER Last BEQUETTE			4. DATE OF DEATH Month December Day 12 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-16-1889	9. AGE (last birthday) 70 IF UNDER 1 YEAR Months 2 Days 26 IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Auto Dealer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Francois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Louis Bequette		13b. MOTHER'S MAIDEN NAME Henritta Sledd		14. NAME OF HUSBAND OR WIFE Lillie Bequette		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes War # 1		16. SOCIAL SECURITY NO.	17. INFORMANT Address Lillie Bequette, Desloge, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) myo Cardial infarction					30 min.	
DUE TO (b) Arterio sclerotic heart disease					unknown	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prev myo Cardial infarction about 5 yrs ago					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 1953 to Dec 12 1959 and last saw ^{her} him alive on Dec 12, 1959 . Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE J. L. Foster (Degree or title) MD			22b. ADDRESS Desloge, Missouri		22c. DATE SIGNED 12-14-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec-14-1959	23c. NAME OF CEMETERY OR CREMATORY St. Francois Memo Pk.	23d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.			
24. FUNERAL DIRECTOR Murphy L. Sparks Flat River, Mo.		ADDRESS	25. DATE REGD. BY LOCAL REG. Dec. 14, 1959	26. REGISTRAR'S SIGNATURE Ether Rudloff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

DEC 26 1947

DEC 29

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. 589

working under my personal supervision.

Student Richard A. Reeves
Signature of Student Embalmer

Signed Murphy L. Parks

Licensed Embalmer No. 4329

P. O. Address Hadley, Mass.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.