

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

*de Hata*

-63-000870

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 9

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 21 1963

VS 300  
Rev. 4/59

2275

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Boonville</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Boonville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital; give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>704 High</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MYRTLE</b> Middle <b>REGINA</b> Last <b>BEQUETTE</b>			4. DATE OF DEATH Month <b>January</b> Day <b>15</b> Year <b>1963</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/24/86</b>
9. AGE (last birthday) <b>76</b>		10. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	11. IF UNDER 24 HR. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and state or country) <b>Racine, Wisconsin</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Berthold Soldin</b>	
13b. MOTHER'S MAIDEN NAME <b>Cora Hensley</b>		14. NAME OF HUSBAND OR WIFE <b>Ollie W. Bequette</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>no</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT Address <b>Mrs Harold Downs Boonville, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>ACUTE MYOCARDIAL INSUFFICIENCY</b> DUE TO (b) <b>HYPERTENSIVE CARDIOVASCULAR DISEASE</b> AND (c) <b>RHEUMATIC HEART DISEASE</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>OVARIAN CYST.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Days</b> <b>YEARS</b> <b>CHILDHOOD</b>
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 <b>10:05</b> a.m. <b>AM</b> 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 <b>January 14, 63</b> to <b>January 15, 63</b> last saw <sup>her</sup> <sub>him</sub> alive on <b>January 15, 1963</b> Death occurred at <b>10:05 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. Hata</i>		(Degree or title) <b>M. D.</b>	22b. ADDRESS <b>329 Main St., Boonville, Mo.</b>
22c. DATE SIGNED <b>1/15/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>Jan. 17/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>
23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>B. W. Thacher</b>		ADDRESS <b>Boonville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1/16/63</b>
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE BLACK INK OR TYPEWRITER RIBBON

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Berry W. Shacker

Licensed Embalmer No. 3944

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