S. No. 300
v. 10.48

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

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12744

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 190

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington Rural St. Francois
c. LENGTH OF STAY (in this place): 2Y; 4M; 27Das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington 0940
d. STREET ADDRESS (If rural, give location): Unknown 0

3. NAME OF DECEASED (Type or Print): a. (First) --WALTER b. (Middle) William B. c. (Last) BEQUETTE

4. DATE OF DEATH: (Month) (Day) (Year): May 21, 1951

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Nov. 20, 1864

9. AGE (In years last birthday): 86 | IF UNDER 1 YEAR: Months 6, Days 1 | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): 0 Ste. Genevieve County, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Bequette

13b. MOTHER'S MAIDEN NAME: Narcissis Woolridge

14. NAME OF HUSBAND OR WIFE: Catharine Pogenmiller

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.: Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Records State Hospital No. 4 Farmington 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Gangrene, left foot	2 mos.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Peripheral Vascular disease	2 years
DUE TO (c)	Arteriosclerosis	Unknown.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with cerebral arteriosclerosis	About 6 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4501

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 24, 1948, *to* May 21, 1951, *that I last saw the deceased alive on* May 21, 1951 *and that death occurred at* 9:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A. Brennan M.D.

23b. ADDRESS: State Hospital No. 4, Farmington, Mo.

23c. DATE SIGNED: 5-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-23-51

24c. NAME OF CEMETERY OR CREMATORY: Bequette Cemetery

24d. LOCATION (City, town, or county) (State): Ste. Genevieve Co., Missouri

DATE REC'D BY LOCAL REG.: May 23, 1951

REGISTRAR'S SIGNATURE: Esther Rudolph

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. H. Cozean, Farmington, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 5 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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 C A Cozean

Signed.....
Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Farmington N

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 17744-57

State of Missouri } ss.
County of St. Francois

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 190

On this 14th day of July, 1951, before me appears C. H. Cozean, Undertaker, who, upon his oath, states that the original record of ~~birth~~ death for William B. Bequette ~~died~~ born May 21, 1951 in the State of Missouri, and which was filed at Farmington, Mo. on May 23, 1951 should be corrected as follows:

Item No. 3 should read William B. Bequette

Instead of Walter B. Bequette

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant C. H. Cozean Undertaker
Relationship.

Farmington, Mo.
Present Address.

Subscribed and sworn to before me this 14th day of July, 1951

My Commission expires Feb. 23, 1953. Esther Rudloff Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
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