

FILED MAR 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL ST. FRANCOIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BONNE TERRE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. S. FARMINGTON</u>		d. STREET ADDRESS (If rural, give location) <u>MURRIL ST</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FABIAN</u> b. (Middle) <u>JULIUS</u> c. (Last) <u>BEQUETTE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 15, 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>OCT. 22, 1863</u>			9. AGE (In years last birthday) <u>89</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>23</u> Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>TEAMSTER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FRENCH VILLAGE MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>AUGUSTUS BEQUETTE</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA AUBUCHON</u>		14. NAME OF HUSBAND OR WIFE <u>CATHERINE BEQUETTE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>OSCAR BEQUETTE, ST LOUIS MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		DUPLICATE				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>General Debility</u>				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		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) <u>794X</u>		
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 March 8, 1953, to March 14, 1953, that I last saw the deceased alive on March 14, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Doebble, D.O.</u> (Degree or title)		23b. ADDRESS <u>Farmington, Mo</u>		23c. DATE SIGNED <u>3-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 17, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S</u>	
				24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE Mo</u>	

DATE REC'D BY LOCAL REG. <u>Mar. 18, 1953</u>		REGISTRAR'S SIGNATURE <u>Cather Rudolf</u>		25. EMERALD DIRECTOR'S SIGNATURE ADDRESS <u>Rudolf Berchman, 706 Bonnell Ave. Mo</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

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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 *Clarence J. Claywell*

Licensed Embalmer No. *5706*

P. O. Address *Coon Creek 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.