

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26958

State File No. _____

FILED AUG 14 1952

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6244</u>		Registrar's No. <u>40</u>		
1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u> <u>1100</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>WASHINGTON</u>				
b. CITY OR TOWN <u>Rural-Union</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>Rural-Union</u>		d. STREET ADDRESS (If rural, give location) <u>Old Mines</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Mines</u>				d. STREET ADDRESS (If rural, give location) <u>Old Mines</u>				
3. NAME OF DECEASED (Type or Print) <u>GORA</u>			a. (First) <u>GORA</u>			b. (Middle) <u>BEQUETTE</u>		
c. (Last) <u>BEQUETTE</u>			4. DATE OF DEATH <u>8 8 1952</u>		4. DATE OF DEATH (Month) (Day) (Year)			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>3-22-1879</u>		
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>4</u>		10. DAYS <u>16</u>		10. HOURS <u>0</u> MIN. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>OLD MINES, MO</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U, S, A,</u>			13a. FATHER'S NAME <u>LEON COLEMAN</u>		13b. MOTHER'S MAIDEN NAME <u>JUSTINE POLITTE</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES (DECEASED)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BHRMAN BEQUETTE CADET, RT1, MO</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes of long standing</u>				INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Frauded left</u>						
		DUE TO (c) <u>hep</u>						
		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 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>110</u>				
22. I hereby certify that I attended the deceased from <u>6/1</u> , 19 <u>49</u> , to <u>8/8</u> , 19 <u>52</u> that I last saw the deceased alive on <u>8/6</u> , 19 <u>52</u> and that death occurred at <u>2: A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Type or Print)				23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>8/8/52</u> (State) <u>MO</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-11-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST JOACHIMS CEMETERY</u>		24d. LOCATION (City, town, or county) <u>OLD MINES, MO</u> (State) <u>MO</u>		
DATE REC'D BY LOCAL REG. <u>8/9/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>403</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SMITH & HIGGINBOTHAM, F.H.</u> ADDRESS <u>POTOSI, MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 18 1952

85-2-336

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.