

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-014226**

STATE FILE NUMBER

AMENDED

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 46

**FILED MAY 5 1961**

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ROCK TOWNSHIP</b>		Length of stay in 1b <b>1 YEAR</b>	c. CITY OR TOWN <b>1 MILE SOUTH OF</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 MILE SOUTH OF MO.</b>		d. STREET ADDRESS <b>BARNHARDT, MISSOURI</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>GRACE</b> Middle <b>LUCILLE</b> Last <b>BEQUETTE</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>24</b> Year <b>1961</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-14-32</b>	9. AGE (last birthday) <b>28</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and state or country) <b>DE SOTO, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>THOMAS SANSOUCIE</b>		13b. MOTHER'S MAIDEN NAME <b>CLARA GUNNETT</b>		14. NAME OF HUSBAND OR WIFE <b>TOMMIA BEQUETTE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>YES</b>		17. INFORMANT <b>TOMMIA BEQUETTE BARNHARDT, MO.</b> Address	

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)	<b>Cancer of the lungs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>Cancer of uterus and adrenal</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 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 Apr 21, 1961 to Apr 21, 1961 and last saw her alive on Apr 21, 1961  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Bertina Belgard, M.D.</i>	(Degree or title)	22b. ADDRESS <i>Jeffco, Mo</i>	22c. DATE SIGNED <i>4/24/61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>APR. 24, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>DE SOTO, MISSOURI</b>
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24. FUNERAL DIRECTOR <b>DIETRICH F. HOME DE SOTO, MO.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>4-24-61</b>	26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>
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DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

VS MAY 9 1950

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 Samuel B. DeLoe

Licensed Embalmer No. 4104

P. O. Address Deloitte 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.