

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13672**

No. 300
10.48

FILED APR 16 1953

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 97			
1. PLACE OF DEATH a. COUNTY Cole (within City Limits)				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 42 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		d. STREET ADDRESS (If rural, give location) 026.4			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hi. 50 East - Rt. 3				d. STREET ADDRESS (If rural, give location) Hi. 50 East - Rt. 3					
3. NAME OF DECEASED (Type or Print) Walter Puckett			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH April 8-1953		(Month)		(Day)		(Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Nov. 12-1878		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Teamster		10b. KIND OF BUSINESS OR INDUSTRY Teamster		11. BIRTHPLACE (City and State or Foreign Country) Hobman - Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Calvin Puckett			13b. MOTHER'S MAIDEN NAME Mary Jane Brown			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Chester Puckett ADDRESS J.C. 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, asthma, 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) Coronary Thrombosis		ANTECEDENT CAUSES						10 yrs	
DUE TO (b) Arteriosclerosis		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Heart Disease						6 yrs	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS - Chronic arthritis						6 yrs	
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200						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)					
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 Dec 10, 1907 to April 1953 , that I last saw the deceased alive on April 1953 and that death occurred at 12:02 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Edward R. Borne (Degree or title) MR.				23b. ADDRESS Jefferson City Mo				23c. DATE SIGNED 4-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE April 10, 1953		24c. NAME OF CEMETERY OR CREMATORY River View		24d. LOCATION (City, town, or county) (State) Cole County Mo.			
DATE REC'D BY LOCAL REG. April 15-53		REGISTRAR'S SIGNATURE R.P. Davis MD-MR		25. FUNERAL DIRECTOR'S SIGNATURE Andrew Lanna ADDRESS J.C. Mo					

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

Baker

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 *J. H. Anderson*

Licensed Embalmer No. 3641

P. O. Address *Gene*

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.