

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1954

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **4042** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wappapello Mo 1110	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bond Nursing Home			
3. NAME OF DECEASED (Type or Print) a. (First) Hazel		b. (Middle) mae	
		c. (Last) Puckett	
		4. DATE OF DEATH (Month) (Day) (Year) Jan 11 1954	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 20 1884
9. AGE (In years last birthday) 69	10. MONTHS 1	11. DAYS 21	12. HOURS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse Keeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME not known	
		14. NAME OF HUSBAND OR WIFE Wm H Puckett	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS S.C. Newell Wappapello Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) Atherosclerosis			you
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION	
		4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) (Minute)	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 January 1, 1954 , to January 11, 1954 , that I last saw the deceased alive on January 10, 1954 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edwitt R. Price, D.O.		23b. ADDRESS Lutesville, Missouri	23c. DATE SIGNED 1-30-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 12 1954	24c. NAME OF CEMETERY OR CREMATORY Little Brushy	24d. LOCATION (City, town, or county) (State) Wappapello Mo
DATE REC'D BY LOCAL REG. 1-30-54	REGISTRAR'S SIGNATURE Willie VanAuburgh	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floyd Morgan Puxico Mo	

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

cc 90 4

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 William H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advocate, 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.