

STANDARD CERTIFICATE OF DEATH

FILED APR 26 1956

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4461 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>St. Francois County</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 township) <u>Bismarck Mo.</u> c. LENGTH OF STAY (in this place) <u>9 da</u>		c. CITY OR TOWN <u>St. Francois</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Colonial Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>0940</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u> b. (Middle) <u>Puckett</u> c. (Last) <u>Puckett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 1956</u>
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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>Aug 4 1873</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harvell Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Christopher C. Young</u>	13b. MOTHER'S MAIDEN NAME <u>Isabell VonSantz</u>	14. NAME OF HUSBAND OR WIFE <u>Archie Puckett</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>May Langem Morrisonville, Ill.</u> ADDRESS <u></u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE CIRCULATORY FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 DAY</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PROLONGED RECUMBENCY & THROMBOTIC ENCEPHALOMALACIA</u>		<u>YRS</u>
	DUE TO (c) <u>ARTERIOSCLEROSIS</u>		<u>YRS</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NUMEROUS DECUBITUS ULCERS.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 3-31 1956, to 4-8, 1956, that I last saw the deceased alive on 4-7, 1956, and that death occurred at 530a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. A. Mendigato D.D.</u>	23b. ADDRESS <u>Bismarck, Mo.</u>	23c. DATE SIGNED <u>4-12-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>April 10-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunlite Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>
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DATE REC'D BY LOCAL REG <u>Apr 12, 1956</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks Funeral Home</u> ADDRESS <u>Bonne Terre Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Everett Sparks*.....

Licensed Embalmer No. *42*.....

P. O. Address *Bonnet*.....

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.