

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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FILED OCT 22 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 36

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

1. PLACE OF DEATH a. COUNTY <u>BENTON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BENTON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>WARSAW</u>		c. LENGTH OF STAY (In this place) <u>5 yrs.</u>	c. CITY OR TOWN <u>WARSAW</u>		d. In 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>LAKESIDE Rest Home</u>			e. STREET ADDRESS (If rural, give location) <u>0088</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRA</u> b. (Middle) <u>CLEMENTS</u> c. (Last) <u>PUCKETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 27, 1884</u>		9. AGE (In years last birthday) <u>71</u> If UNDER 1 YEAR: Months <u>10</u> Days <u>17</u> If UNDER 2 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coach Cleaners (Supplyman)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Union Pacific C.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warsaw, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Henry Puckett</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Puckett</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Puckett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. (INFORMANT'S) SIGNATURE OR NAME ADDRESS <u>Edith Puckett Warsaw, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident - ?hemorrhage (Hemiplegia)</u> INTERVAL BETWEEN ONSET AND DEATH <u>37 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic hypertrophy with cystitis</u> 6 mos.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) <u>331x</u>		21f. HOW DID INJURY OCCUR
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	
22. I hereby certify that I attended the deceased from <u>Sept 21, 1956</u> , to <u>Oct. 10, 1956</u> , that I last saw the deceased alive on <u>Oct. 10, 1956</u> , and that death occurred at <u>6:00 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. Rhodes</u>			23b. ADDRESS <u>Warsaw, Mo.</u>		23c. DATE SIGNED <u>10-15-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 16, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fristoe Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fristoe Benton Co, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 16 - 1956</u>		REGISTRAR'S SIGNATURE <u>Gas. A. Logan.</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>John F. Rosen Warsaw</u>	

230

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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 *John J. Reser*
Licensed Embalmer No. *4098*
P. O. Address *Warsaw*

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.