FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 6540

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1249

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Steelville, 0280 0 Inside Limits Yes ☒ No ☒
d. STREET ADDRESS 31 (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Primp Middle C. Last PUCKETT
4. DATE OF DEATH Month Day Year FEBRUARY 6, 1957
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec. 19, 1868
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Steelville, Missouri. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Douglass Puckett
14. MOTHER'S MAIDEN NAME Julia Brikey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Sybil Neely, 829 Karlshrue, Lemay, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Yrs.
DUE TO (c) 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Benign Prostatic Hypertrophy Many yrs.
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 JAN. 31, 1957, to FEB. 6, 1957 and last saw her him alive on FEB. 6, 1957
Death occurred at 5:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. D. Vermillion M.D. (Degree or title) M. D.
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 2/6/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-6-57
23c. NAME OF CEMETERY OR CREMATORY Local
23d. LOCATION (City, town, or county) (State) Steelville, Mo.

24. FUNERAL DIRECTOR ADDRESS Alber t. H. Hoppe 4700 Washington,
25. DATE RECD. BY LOCAL REG. FEB 7 '57
26. REGISTRAR'S SIGNATURE J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.