

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41244**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Neosho</b>		c. CITY OR TOWN <b>Neosho</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY in this place <b>Many yrs.</b>		e. STREET ADDRESS <b>414 N. Wood St.</b> (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>414 N. Wood St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Daniel</b> c. (Last) <b>Puett</b>			4. DATE OF DEATH (Month) <b>October</b> (Day) <b>29</b> (Year) <b>1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Feb. 4, 1893</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done in last 12 months, or during life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>Elisha S. Puett</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Divorced</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William S. Puett</b>	ADDRESS <b>Seneca, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) <b>002X</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Emphysema chronic</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from Feb, 1957, to October 29, 1957, that I last saw the deceased alive on 10-28, 1957, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Malvin Mc Callough</b> (Degree or title)	23b. ADDRESS <b>420 W. Sherman Neosho Mo</b>	23c. DATE SIGNED <b>11/1/57</b>
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24a. BURIAL, CREMATION, OR OTHER REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-2-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Salem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>7 Mi West Neosho, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-18-57</b>	REGISTRAR'S SIGNATURE <b>Thomas C. Dunder</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clark Funeral Home</b>	ADDRESS <b>Neosho, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

223  
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RECEIVED

District Health Officer No. *Newton*

District File Number *1157-233*

Date Filed *NOV 12 1957*

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 *Fred L. Clark*, Student Embalmer No. *5-5-9* working under my personal supervision.

Student *Fred L. Clark*  
Signature of Student Embalmer

Signed *D. J. Muller*  
Signature of Licensed Embalmer

Licensed Embalmer No. *4164*  
*915 Kentucky St*  
P. O. Address *Asheville, N.C.*

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.