

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43808**

FILED JAN 6 1958

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 143

1. PLACE OF DEATH
a. COUNTY CLAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO b. COUNTY CLAY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORTH KANSAS CITY c. LENGTH OF STAY (in this place) 10 YRS

c. CITY OR TOWN NORTH KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 814 E 23RD AVE.

STREET ADDRESS (If rural, give location) 814 E 23RD AVE 6206

3. NAME OF DECEASED
a. (First) Charles b. (Middle) LEONARD c. (Last) PUCKETT

4. DATE OF DEATH (Month) (Day) (Year) Dec 26 1957

5. SEX MALE

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH APRIL 1, 1892

9. AGE (In years last birthday) 65 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) INSURANCE SALESMAN - PRUDENTIAL

10b. KIND OF BUSINESS OR INDUSTRY EIK CREEK, MO

11. BIRTHPLACE (City and State or Foreign Country) 0 12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME SAMUEL C PUCKETT

13b. MOTHER'S MAIDEN NAME SUSAN ELLIS

14. NAME OF HUSBAND OR WIFE ELENA PUCKETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I

16. SOCIAL SECURITY NO. 486-01-2545

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ELENA PUCKETT NORTH K. C. MO

18. CAUSE OF DEATH
Enter 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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Basilar Bronchopneumonia
ANTECEDENT CAUSES organism not determined
DUE TO (b) _____
DUE TO (c) Phenylacetone acetate
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic heart disease, inactive Mitral + aortic stenosis, Chronic pulmonary fibrosis + Emphysema

INTERVAL BETWEEN ONSET AND DEATH
18 hrs
15 yrs
10 yrs
15-20 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4.91X

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 49, 1949, to Dec 26, 1957, that I last saw the deceased alive on Dec 1, 1957, and that death occurred at 6 1/2 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edwin Fischer M.D.

23b. ADDRESS 306 E 21st NKC MO

23c. DATE SIGNED 12-27-57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE Dec 28 1957

24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM

24d. LOCATION (City, town, or county) (State) KANSAS CITY MO

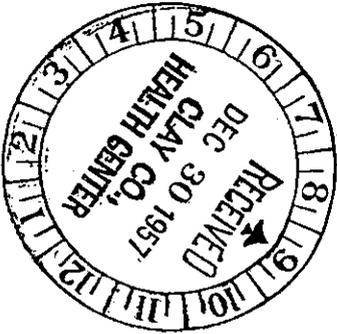
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 12-27-57 Marguerite Judson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Neumann Son N. K. C. Mo.

Licensed Embalmer's Statement on Reverse Side

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

474



FEB 5 1958
FEB 20 1958

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 Walsbeck*

Licensed Embalmer No. *4949*
P. O. Address *97 Kansas*

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.