V.S. No. 300
Rev. 10-48

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44878

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rock Township
c. LENGTH OF STAY (in this place): ?
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): near Fenton, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN: R. R.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): near Fenton, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Robert Alden Puccetti

4. DATE OF DEATH (Month) (Day) (Year): Dec 15, 1957

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 29, 1929
9. AGE (In years last birthday): 28 — 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): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: General Mechanic
11. BIRTHPLACE (City and State or Foreign Country): Brentwood, Pa.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Robert David Puccetti
13b. MOTHER'S MAIDEN NAME: Augusta Bargiband
14. NAME OF HUSBAND OR WIFE: Verda C. Puccetti

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service): yes 1946-48 49-51
16. SOCIAL SECURITY NO.: 194-22-4046
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Verda C. Puccetti Imperial, Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Trauma due to airplane crash — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
866X 39
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rock Jeff 050 Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 15 57 11:00 A 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* Inquest, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 11:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James C. Rehm D.C. Coroner
23b. ADDRESS: Mann Bldg. Fenton Mo.
23c. DATE SIGNED: 12/18/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec 18, 57
24c. NAME OF CEMETERY OR CREMATORY: Bailey Chapel Cem.
24d. LOCATION (City, town, or county) (State): Alton, Mo.

DATE REC'D BY LOCAL REG.: 12-16-57
REGISTRAR'S SIGNATURE: Robert E. Bauer
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Heiligtag -- Imperial, Mo.

(Licensed Embalmer's Statement on Reverse Side)

3

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

544

AUG 14 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

MAR 11 1958

JAN 15 1958

JAN 8 1958

DATE RECEIVED

DEC 26 1957

JAN 17 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student:.....
Signature of Student Embalmer

Signed Arthur W. Hiligtag

Licensed Embalmer No. 3872

P. O. Address Imperial

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