. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1958

45504
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 438

1. PLACE OF DEATH
a. COUNTY St.Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Francois
c. CITY OR TOWN Farmington 0941 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) E.Columbia — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Jesse Middle Edward Last Puckett

4. DATE OF DEATH Month Day Year Oct.25,1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Aug.18,1898

9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR Months 2 Days 7 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired lead miner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Potosi,Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Oscar Puckett

14. MOTHER'S MAIDEN NAME Unknown

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

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs.Virginia Aney,Maplewood,Missouri

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) Undetermined — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive heart disease — 4 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

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 Oct.17, 1957 to Oct.17,1957 and last saw her/him alive on Oct.17,1957
Death occurred at Unknown m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] D.O. 2

22b. ADDRESS Farmington, Mo.

22c. DATE SIGNED 10-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10/25/57

23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State) Maplewood, Missouri

24. FUNERAL DIRECTOR ADDRESS J.B.Smith Funeral Home, Maplewood,Mo.

25. DATE RECD. BY LOCAL REG. Dec.31,1957

26. REGISTRAR'S SIGNATURE Esther Rudloff

289-1

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.. NOT EMBALMED

Student..... Signed.....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address .....

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