

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-025748

## FILED VS JUL 20 1959

 Registration District No. \_\_\_\_\_ Primary Registration District No. 166 Registrar's No. 5605 STATE FILE NUMBER 20

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Johnson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Washington Township</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Johnson</b>	
Length of stay in 1b <b>2 Hrs 10 Min</b>		c. CITY OR TOWN <b>Knob Noster</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>USAF Hospital, Whiteman AFB, Missouri</b>				d. STREET ADDRESS (If outside, give location) <b>Pucketts Trailer Court</b>			
3. NAME OF DECEASED (Type or print) First Middle Last <b><del>HUMPHREY</del>, Harold James PUCKETT.</b>				4. DATE OF DEATH Month Day Year <b>July 11 1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11 July 59</b>	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>USAF Hospital, Whiteman AFB, Missouri</b>		11. BIRTHPLACE (City and state or country) <b>US</b>			
13a. FATHER'S NAME <b>Lloyd William Puckett</b>		13b. MOTHER'S MAIDEN NAME <b>Hatsuxot Sukamoto</b>		14. NAME OF HUSBAND OR WIFE <b>*</b>			
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>-</b>		17. INFORMANT Address <b>Lloyd William Puckett Knob Noster, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prematurity with immaturity</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 Hrs 10 Min</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>-</b>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year ____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>	20f. CITY, TOWN, OR LOCATION <b>-</b>		COUNTY <b>-</b>	STATE <b>-</b>		
21. I attended the deceased from <u>11 July 1959</u> to <u>11 July 1959</u> and last saw him alive on <u>11 July 1959</u> Death occurred at <u>6:35</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) <i>Edward Krumpholtz</i> <b>M.D.</b>			22b. ADDRESS <b>USAF Hospital, Whiteman AFB, Missouri</b>			22c. DATE SIGNED <b>13 Jul 59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-14-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>The Brauningers, Warrensburg, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>7/14/59</b>		26. REGISTRAR'S SIGNATURE <i>Erma C Beatty</i>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. H. Gibson*  
Licensed Embalmer No. 4092  
P. O. Address *Warrenburg, Mo.*

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.