

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS DEC 28 1959 82

Registration District No. \_\_\_\_\_ Primary Registration District No. 5318 Registrar's No. 187

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Cooper Lebanon Twp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buncheon</u>		c. CITY OR TOWN <u>Buncheon Rural</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 miles SW of P.H.</u>		d. STREET ADDRESS (If outside, give location) <u>3 miles SW of P.H.</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>JENNIE-THERESA - Pukhoy</u>			4. DATE OF DEATH Month Day Year <u>Dec 21, 1959</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 14, 1897</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTH PLACE (City and state or country) <u>Pat Grove, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Engene Adtermath</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Beck</u>	14. NAME OF HUSBAND OR WIFE <u>Daily Pulley</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT Address <u>Mr. Louis Kempf, Pat Grove, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning</u>		INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Washed in pond.</u>
20c. TIME OF INJURY Hour <u>Between 7 and 10</u> a.m. Month, Day, Year <u>12 21 59</u>		

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.) <u>on farm</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>New Lebanon Twp Cooper Mo</u>
21. I attended the deceased from <u>no</u> to <u>between 7 &amp; 10</u> and last saw her/him live on <u>no</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>M L DeGraeger MD</u>	22b. ADDRESS <u>Carroll Bonville Mo</u>	22c. DATE SIGNED <u>12/21/59</u>
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23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 23, 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Lebanon Cem Buncheon, Mo</u>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR ADDRESS <u>Hays Painter, Pat Grove, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12/22/59</u>	26. REGISTRAR'S SIGNATURE <u>D. Hooper</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 14 1960

DEC 25 1959

STATEMENT BY LICENSED EMBALMER

JAN

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 Robert L. Rain

Licensed Embalmer No. 4067  
P. O. Address Pilot Gro

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.