

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30520

State File No. \_\_\_\_\_

BIRTH NO. 57938-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4182

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Atchison</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>28 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Atchison</u>		d. STREET ADDRESS (If rural, give location) <u>407 North 9th</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conley Maternity Hospital</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Randall</u> b. (Middle) <u>Dale</u> c. (Last) <u>Puckett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 29 49</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>9-1-49</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months <u>28</u>	IF UNDER 24 HRS. Days <u>28</u> Hours <u>16</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Gordon Dale Puckett</u>		13b. MOTHER'S MAIDEN NAME <u>Juanita Leota Parks</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Gordon D. Puckett</u> ADDRESS <u>407 N. 9th St. Atchison, Kansas</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>	ANTECEDENT CAUSES					
	DUE TO (b) <u>Congenital Debility</u>					
	DUE TO (c) <u>Premature Infant 7 Months</u>					
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 <u>7635</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 9-24, 1949, to 9-29, 1949, that I last saw the deceased alive on 9-29, 1949, and that death occurred at 10:10a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert R. Tonkens</u> (Degree or title)		23b. ADDRESS <u>Robert R. Tonkens D.O. V Bryant Bldg K.C Mo.</u>		23c. DATE SIGNED <u>9-29-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cameron Cem. Cameron, Missouri</u>	24d. LOCATION (City, town, or county), (State) <u>Atchison, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>9-29-49</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cromer - Clark Funeral Home</u> ADDRESS <u>Atchison, Mo.</u>			
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(Licensed Embalmer's Statement on Reverse Side)

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

**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.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.