

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32750

BIRTH NO.

REG. DIST. NO. 339

PRIMARY REG. DIST. NO. 4502

Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico,	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Willhelmima b. (Middle) c. (Last) Puckett			4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 14, 1863
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 5 Days 17	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jasonville, Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Geo. McGarr		13b. MOTHER'S MAIDEN NAME Minerva Dysert	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Floyd Puckett		ADDRESS Puxico, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Neurosis 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 5 YRS	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JUNE , 1945, to Sept 1 , 1949, that I last saw the deceased alive on Sept 1 , 1949, and that death occurred at 1:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) F. H. Keeling, M.D.		23b. ADDRESS Puxico Mo	
23c. DATE SIGNED Sept 3 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept. 4, 1949	
24c. NAME OF CEMETERY OR CREMATORY Puxico Cemetery		24d. LOCATION (City, town, or county) (State) Puxico, Mo.	
DATE REC'D BY LOCAL REG. 9-3-1949		REGISTRAR'S SIGNATURE Floyd Morgan 358	
25. FUNERAL DIRECTOR'S SIGNATURE Floyd Morgan		ADDRESS Puxico Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

OCT 7

RECEIVED

District Health Office No

District File Number 1049

Date Filed

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.

Student Student Embalmer

Signed Ira E. Meadows

Licensed Embalmer No. 4637

P. O. Address Puyico, 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 this body is not embalmed, fact should be so stated above.