

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13377**

FILED APR 25 1951

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY NEWTON-		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI- b. COUNTY McDONALD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEOSHO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PINEVILLE - 0600	
c. LENGTH OF STAY (in this place) 10 DAYS.		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION SALES-MEMORIAL			

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR. b. (Middle) REX- c. (Last) PUCKETT.			4. DATE OF DEATH (Month) (Day) (Year) 3-20-1951		
5. SEX M-	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M-	8. DATE OF BIRTH 1-6-1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 3 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAWYER-		10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (State or foreign country) MAYVIEW-MO.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME T.T. PUCKETT.		13b. MOTHER'S MAIDEN NAME BELLE-WILSON-		14. NAME OF HUSBAND OR WIFE ENNA-PUCKETT.	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Sauw Puckett	ADDRESS Pineville, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2-10-51
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia and Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis DUE TO (c) Chronic Indurated Nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 442 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **March 10th, 1951** to **March 20th, 1951**, that I last saw the deceased alive on **March 20th, 1951**, and that death occurred at **11:04 a.m.**, from the causes and on the date stated above.

23. SIGNATURE Melvin C. Bowman (Degree or title) M.D.	23b. ADDRESS Pineville, Mo.	23c. DATE SIGNED April 10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-22-51	24c. NAME OF CEMETERY OR CREMATORY PINEVILLE	24d. LOCATION (City, town, or county) (State) PINEVILLE-MO.
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DATE REC'D BY LOCAL REG. April 10, 1951	REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE D. M. Humphrey	ADDRESS Pineville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

13377

RECEIVED ISSI 01 101

District Health Officer No: Newton Co. Health Dept.
District File Number 451-92
Date Filed 4/16/51

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 H. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel 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.