

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

STANDARD CERTIFICATE OF DEATH

FILED MAR 7 1955

State File No. **4137**

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 129	
1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTT			
b. CITY (If outside corporate limits, write RURAL and give township) CAPE GIRARDEAU		c. LENGTH OF STAY (in this place) 1wk.		c. CITY (If outside corporate limits, write RURAL and give township) CHAFFEE		1001	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL				d. STREET ADDRESS (If rural, give location) 112 W. PARKER			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH			b. (Middle) JESSE		c. (Last) PUNCH		4. DATE OF DEATH (Month) (Day) (Year) FEB. 25, 1955
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH SEPT. 1, 1881	
9. AGE (In years last birthday) 73		10. MONTHS 5		11. DAYS 24		IF UNDER 1 YEAR Hours Min. 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER (RET)			10b. KIND OF BUSINESS OR INDUSTRY Building			11. BIRTHPLACE (State or foreign country) (NEAR) Puxico, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME NEWTON PUNCH			
13b. MOTHER'S MAIDEN NAME MARY ELIZABETH CURD				14. NAME OF HUSBAND, OR WIFE MARY LOUDELLE PUNCH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 492-05-9505		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. PAUL FARRIS - CHAFFEE, 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, ashenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cholecystitis				INTERVAL BETWEEN ONSET AND DEATH 3 yrs.			
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Pancreatitis Chronic			
DUE TO (c) Cholelithiasis							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 2-23-55		19b. MAJOR FINDINGS OF OPERATION Localized Peritonitis, Gallstones				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CHAFFEE MO.			
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 June , 1954, to Feb. 25 , 1955, that I last saw the deceased alive on Feb. 25 , 1955, and that death occurred at 8:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. D. Dineen, M.D.				23b. ADDRESS St. L. Belg. Chapeau, Mo.		23c. DATE SIGNED 2-26-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-27-1955		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) CAPE GIRARDEAU, MO.	
DATE REC'D BY LOCAL REG. 2-28-55		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. C. Bisplinghoff - Chaffee, Mo.			

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 Jack J. Burnett
Licensed Embalmer No. 4473
P. O. Address Chaffee, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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