

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23263**

No. 300  
10.48

FILED JUL 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennebuck</u>		c. CITY OR TOWN <u>Hornersville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Mem. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Medical Center</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Boy</u> c. (Last) <u>Puckett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 11, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 11, 1956</u>
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	9. AGE (In years last birthday) <u>4</u> <small>if UNDER 1 YEAR Months Days</small> <small>if UNDER 24 HRS. Hours Min.</small>
11. BIRTHPLACE (City and State or Foreign Country) <u>Hornersville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Puckett</u>		13b. MOTHER'S MAIDEN NAME <u>Maryene Custal</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>James H. Puckett</u> ADDRESS <u>Route 11</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>prematurity</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>7625</u>	
21a. ACCIDENT OR SUICIDE (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) (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 <u>7/11</u> , 19 <u>56</u> , to <u>7/11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7/11</u> , 19 <u>56</u> , and that death occurred at <u>12:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. J. Polunke M.D.</u>		23b. ADDRESS <u>Hornersville, Mo.</u>	
23c. DATE SIGNED <u>7/12/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 12, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hornersville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hornersville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-14-56</u>		REGISTRAR'S SIGNATURE <u>Local Registrar</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Jones</u>		ADDRESS <u>Local</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

90 0

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 7-21-56  
COUNTY FILE NUMBER 756-

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.....  
Signature of Student Embalmer

Signed.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

*Not Embalmed*