

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020634
STATE FILE NUMBER

FILED JUN 29 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. COUNTY BOLLINGER				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN RURAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.E. MO. HOSPITAL			Length of stay in lb 1 hour		009 d. STREET ADDRESS NEAR LUTESVILLE		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FAY Middle Last PUYEAR				4. DATE OF DEATH Month JUNE Day 13 Year 1959				
5. SEX M.	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JULY 9, 1907		9. AGE (In years last birthday) 51	F UNDER 1 YEAR Months 11 Days 4	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CALVERT CITY, KY.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ROY PURYEAR			13b. MOTHER'S MAIDEN NAME SARAH ALLGOOD			14. NAME OF HUSBAND OR WIFE LILLIAN PUYEAR		
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. 498-05-2832		17. INFORMANT Address LILLIAN PUYEAR, LUTESVILLE, MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) medullary Failure							INTERVAL BETWEEN ONSET AND DEATH acute	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral hemorrhage							acute	
DUE TO (c) Cerebral atherosclerosis							5-10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Essential hypertension (severe)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> none			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from June 13, 1959 to June 13, 1959 and last saw him alive on June 13, 1959 Death occurred at 7:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) William J. Freitas, D.O.					22b. ADDRESS Lutesville, Mo		22c. DATE SIGNED 6-17-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE JUNE 15, 1959	23c. NAME OF CEMETERY OR CREMATORY BAKER CEMETERY		23d. LOCATION (City, town, or county) LUTESVILLE MO.		(State)	
24. FUNERAL DIRECTOR BAKER FUNERAL HOME, Lutesville, Mo			ADDRESS		25. DATE RECD. BY LOCAL REG. 6-23-1959	26. REGISTRAR'S SIGNATURE Jane Kaster		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *C. J. Baker*

Licensed Embalmer No. *9573*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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