MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1961

-61-000671
STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3016 Registrar's No. 3

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron — Length of stay in 1b: 30 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home 718 So.Chestnut — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Clinton
c. CITY OR TOWN: Cameron — Inside Limits Yes ☒ No. ☐
d. STREET ADDRESS (If outside, give location): 718 So.Chestnut — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HOBART Middle LEE Last PUCKETT

4. DATE OF DEATH: Month Jan. Day 7 Year 1961

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-22-1899
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Sales
10b. KIND OF BUSINESS OR INDUSTRY: Automible
11. BIRTHPLACE (City and state or country): Caldwell Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Puckett
13b. MOTHER'S MAIDEN NAME: Hannah Cox
14. NAME OF HUSBAND OR WIFE: Maude Puckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Maude Puckett, Address: Cameron, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion, Massive — INTERVAL BETWEEN ONSET AND DEATH: 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiovascular Renal Hypertensive — years.
heart disease.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug 1939 to Jan 7, 1961 and last saw him alive on Jan 7, 1961
Death occurred at 2:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) D.O.
22b. ADDRESS: Cameron, Mo.
22c. DATE SIGNED: 1-9-1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-9-1961
23c. NAME OF CEMETERY OR CREMATORY: Cameron Memory Gardens
23d. LOCATION (City, town, or county) (State): Cameron, Mo.

24. FUNERAL DIRECTOR: Poland Funeral Home, Cameron, Mo.
ADDRESS:
25. DATE RECD. BY LOCAL REG.: 1-8-61
26. REGISTRAR'S SIGNATURE: Francis D. Crawford

(Licensed Embalmer's Statement on Reverse Side)

AUG 29 1964

APR 11 1967

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 Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, 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.