

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036002

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 042

1000

1124

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED NOV 13 1961

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in lb 7 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Meth. Hospital		d. STREET ADDRESS (If outside, give location) 2409 Oak St.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last SYLVESTER RALPH PUCKETT			4. DATE OF DEATH Month Day Year Nov. 3 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/6/1895	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station operator		10b. KIND OF BUSINESS OR INDUSTRY retail gas & oil		11. BIRTHPLACE (City and state or country) Sherman Texas	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Ralph Puckett		13b. MOTHER'S MAIDEN NAME Lana Landrath	
14. NAME OF HUSBAND OR WIFE Mrs. Lena Puckett		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.	
17. INFORMANT Mr. George Puckett		Address St. Joseph Mo			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Traumatic shock + intracerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 hrs 10 min
DUE TO (b) multiple skull fracture (3) + trauma		2 hrs 10 min
DUE TO (c) Being beaten on head with tire iron		2 hrs 10 min
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) occurred during holdup		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Beaten on head during hold up
20c. TIME OF INJURY Hour a.m. 8:30 Month, Day, Year Nov 3 61	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St Joseph Mo	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I am under the deceased from viewed body + autopsy and last saw him live on Nov 4 - 61 Death occurred at 10:00 m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) S.F. Meloney M.D. Coroner	22b. ADDRESS 214 Kirkpatrick St Joseph 8. Mo	22c. DATE SIGNED Nov 6 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 6, 1961	23c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery
23d. LOCATION (City, town, or county) Maryville Missouri	25. DATE RECD. BY LOCAL REG. Nov. 8, 1961	

24. FUNERAL DIRECTOR St. James Funeral Home	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **S.F. Meloney M.D.**

NOV 14 1961

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

Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address

St. Joseph 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.