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REG# 120782

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020555
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1422

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE Illinois b. COUNTY Macoupin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson Barracks, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Mt. Olive		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSP.		Length of stay in lb 10 Days	d. STREET ADDRESS (If outside, give location) 211 N. Plum Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle E. Last PUCKETT			4. DATE OF DEATH Month May Day 26 , Year 1958		
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 January 31, 1891		9. AGE (In years, not birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mining	11. BIRTHPLACE (City and state or country) Hornsby, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Elmer Puckett		13b. MOTHER'S MAIDEN NAME Celia Steele		14. NAME OF HUSBAND OR WIFE Verna Puckett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-I		16. SOCIAL SECURITY NO. 355035215	17. INFORMANT Address VA Hospital records, Jeff. Brks, 23, 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) MYOCARDIAL INFARCTION - OLD AND RECENT DUE TO (b) HYPERTENSIVE AND ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY INFARCT and ENCEPHALOMALACIA					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		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 5-26-58 , to _____ and last saw him alive on 5-26-58 . Death occurred at 4:29 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. Oppler (Degree or title) W. OPPLER. M.D.			22b. ADDRESS Vet Adm Hosp, Jeff Brks, 23 Mo.		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-27-58	23c. NAME OF CEMETERY OR CREMATORY Local Mt. Olive Ill		23d. LOCATION (City, town, or county) (State) Mt. Olive, Ill.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			25. DATE RECD. BY LOCAL REG. 5/27/58		26. REGISTRAR'S SIGNATURE Herbert R. Donke

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 12 1958

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 Stanley H. Nelson

Licensed Embalmer No. 4193

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.

and associate _____