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9490 VITAL STATISTICS SECTION Vol. M 76 Page 1103

CERTIFIED COPY OF DEATH RECORD

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number | State File Number

DECEASED—NAME: 1. First GERALD Middle LEON Last PUCKETT

DATE OF DEATH (month, day, year): 2. April 25, 1973

3. RACE (White, Negro, American Indian, etc.—specify): White

4. SEX: Male

5a. AGE (last birthday, years): 47

5b. Under 1 Year: mos. days

5c. Under 1 Day: hours min.

6. DATE OF BIRTH (month, day, year): October 16, 1925

7a. COUNTY OF DEATH: Lane

7b. CITY, TOWN, OR LOCATION OF DEATH: Springfield

7c. Inside City Limits (specify yes or no): yes

7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 2181 North 5th

8. STATE OF BIRTH (if not in U.S.A., name of country): Oregon

9. CITIZEN OF WHAT COUNTRY: United States

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11. NAME OF SPOUSE: Irene Alice Puckett

12. SOCIAL SECURITY NUMBER: 541-22-7394

13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Milkman

13b. KIND OF BUSINESS OR INDUSTRY: Dairy

14a. RESIDENCE—STATE: Oregon

14b. COUNTY: Lane

14c. CITY, TOWN, OR LOCATION: Springfield

14d. Inside City Limits (specify yes or no): yes

14e. STREET AND NUMBER OR RFD: 2181 North 5th

15. FATHER—NAME first middle last: George Washington Puckett

16. MOTHER Maiden Name first middle last: Bates, Mettie B. Puckett

17. INFORMANT—NAME and relationship to deceased: Irene Puckett, Wife

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. Immediate Cause
(a) Gunshot wound of brain — due to, or as a consequence of:
(b) — due to, or as a consequence of:
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

Approximate interval between onset and death: unknown

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

19a. AUTOPSY (yes or no): No

19b. IF YES were findings considered in determining cause of death

20a. DATE OF INJURY (month, day, year): 4/25/73

20b. HOUR: unk M.

20c. HOW INJURY Ooccurred (enter nature of injury in Part I or Part II, item 18): Shot self in head

20d. INJURY AT WORK (specify yes or no): No

20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): Private

20f. LOCATION (street or R.F.D. No., city or town, county, state): 2181 N. Fifth, Springfield, Lane, Oregon

MEDICAL INVESTIGATOR

CERTIFICATION—MEDICAL INVESTIGATOR:
I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:

21a. DEATH OCCURRED (hour): unk M.

21b. THE DECEDENT WAS PRONOUNCED DEAD month: 4 day: 26 year: 73 hour: 1:17 P M.

21c. FROM: Natural Causes ☐ Accident ☐ Suicide ☑ Homicide ☐ Undetermined ☐ Pending ☐

CERTIFIER

22a. CERTIFIER—SIGNATURE: Edward F. Wilson, MD

22b. NAME—(type or print): EDWARD F. WILSON Degree or Title: MD

MEDICAL INVESTIGATOR: FOR: LANE COUNTY

DATE SIGNED (month, day, year): 4-26-73

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

24a. CEMETERY OR CREMATORY—NAME: 24b. Rest Haven Memorial Park

24c. LOCATION city or town: Eugene state: Oregon

24d. DATE (month, day, year): 4-27-73

FUNERAL DIRECTOR—SIGNATURE: [illegible]

25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Buell Chapel - 320 N 6th St. - Springfield, Oregon 97477

REGISTRAR—SIGNATURE: Gail Longton, Deputy

DATE RECEIVED BY LOCAL REGISTRAR: 26b. 4-30-1973

DATE RECEIVED BY STATE REGISTRAR:

26a. RESERVED FOR REGISTRAR'S USE

28.

VS-107 R-70 ORIGINAL — VITAL STATISTICS COPY

June Puckett
2181 - N 5th
Springfield Ore
97477

STATE OF OREGON)
COUNTY OF Lane)

Date April 30, 1973

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Oregon State Board of Health.

A. K. Wattle, Director
Registrar of Vital Statistics

(SEAL)

By Gail Longton, Deputy

VS-16 7/69

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 22nd day of JANUARY A.D., 19 76 at 4;41 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 1103.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Hazel Drazil Deputy