

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12447

State File No.

BIRTH NO. _____ REG. DIST. NO. 168 PRIMARY REG. DIST. NO. 5390 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Rt. 2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Spring Creek Twp.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rural Rt. 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>Mae</u> c. (Last) <u>Putman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April, 20, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 13, 1906</u>
9. AGE (In years last birthday) <u>43</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeper</u>	
11. BIRTHPLACE (State or foreign country) <u>Dent County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Tinsley</u>		13b. MOTHER'S MAIDEN NAME <u>Alma Stephenson</u>	
14. NAME OF HUSBAND OR WIFE <u>Eldon Putman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Eldon Putman</u>		ADDRESS <u>Salem, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chordoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>originated in the brain</u> DUE TO (c) <u>(Supp. report)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Chordoma</u>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR TOWNSHIP)		ADDITIONAL AUTOPSY? <input type="checkbox"/> SUPPLEMENTED <input type="checkbox"/> NO <input type="checkbox"/> INSTITUTION (STATE) REQUESTED	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-15</u> , 19 <u>45</u> , to <u>4-20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-19</u> , 19 <u>50</u> , and that death occurred at <u>8-15 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. M. Hartman, M.D.</u>		23b. ADDRESS <u>Salem, Mo.</u>	
23c. DATE SIGNED <u>4-21-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 23, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Round Pond</u>		24d. LOCATION (City, town, or county) (State) <u>Dent County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-21-50</u>		REGISTRAR'S SIGNATURE <u>M. M. Hartman, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hobson & Grantham</u>		ADDRESS <u>Salem, Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0330

0330

RECEIVED 5-2-50
District Health Officer No. 5,
District File Number 5-2-271
Date Filed 5-2-50

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
Student Embalmer

Signed

Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, 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 this body is not embalmed, fact should be so stated above.