

No. 300
10.48

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19971

State File No.

0399

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5462 Registrar's No. 601

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL 2ND FRANKLIN</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL - 2ND FRANKLIN</u>	d. STREET ADDRESS (If rural, give location) <u>RT. 2 FAIR GROVE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. 2 FAIR GROVE</u>		d. STREET ADDRESS (If rural, give location) <u>RT. 2 FAIR GROVE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>F.</u>	c. (Last) <u>PUTMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 3 1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 30 1867</u>	9. AGE (In years last birthday) <u>83</u>	# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours	# UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>HOUSLEY PUTMAN</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA GURLEY</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. LIZZIE PUTMAN</u>
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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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LIZZIE PUTMAN, RT. 2 FAIR GROVE</u>	ADDRESS <u>"</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Renal-Vascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 3, 1950 to July 3, 1950, that I last saw the deceased alive on July 3, 1950, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Max Fitch M.D.</u>	(Degree or title)	23b. ADDRESS <u>Grandville Mo</u>	23c. DATE SIGNED <u>7-6-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/5/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. COMFORT</u>	24d. LOCATION (City, town, or county) (State) <u>10 MI. N. OF SPGED, MO</u>
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DATE REC'D BY LOCAL REG. <u>7-6-50</u>	REGISTRAR'S SIGNATURE <u>W. E. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. KLINGNER & Co.</u>	ADDRESS <u>SPGED.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Signed

J. B. Lingner

Licensed Embalmer No. 3358

P. O. Address. SPRINGFIELD

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.