

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 65

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 2

1. PLACE OF DEATH
 a. COUNTY *Audrain*
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Mexico, Mo.* c. LENGTH OF STAY (in this place) *1 wk.*
 d. FULL NAME OF HOSPITAL OR INSTITUTION *General Hospital.*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE *Mo.* b. COUNTY *Audrain*
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Rural" Prairie Township.*
 d. STREET ADDRESS (If rural, give location) *4 1/2 mi. N.W. Laddonia, Mo.*

3. NAME OF DECEASED
 a. (First) *Hattie* b. (Middle) _____ c. (Last) *Putmann.*

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 5 1951

5. SEX
female

6. COLOR OR RACE
white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
Sept. 29, 1867

9. AGE (In years last birthday) # UNDER 1 YEAR Days # UNDER 1 MONTH Hours # UNDER 1 MIN. Min.
83 3 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
New York. 1

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Henry Griffin

13b. MOTHER'S MAIDEN NAME
Unknown.

14. NAME OF HUSBAND OR WIFE
Otto D. Putmann.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Otto D. Putmann Laddonia Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Chronic Myocarditis*
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) *Malignant tumor of abdomen with extreme ascites.*
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 yr.
25 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from *Dec 10, 1950*, to *Jan 5, 1951*, that I last saw the deceased alive on *Jan 5, 1951*, and that death occurred at *5 A. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
W. B. Boize D.D.

23b. ADDRESS
Laddonia Mo.

23c. DATE SIGNED
Jan 10, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Jan 6, 1951

24c. NAME OF CEMETERY OR CREMATORY
Laddonia Cemetery

24d. LOCATION (City, town, or county) (State)
Laddonia Mo.

DATE REC'D BY LOCAL REG.
Jan 10-1951

REGISTRAR'S SIGNATURE
Blanche Neely

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Clyde C. Sibbey Laddonia, Mo.

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

043
0

MAR 13 1951

Date Received: JAN 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-89
Date Filed: JAN 20 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John F. Ellis
Licensed Embalmer No. 4613

P. O. Address *Perry, Inc*

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.