

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 15 1951

BIRTH NO. ... REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY Polk b. CITY OR TOWN Humansville c. LENGTH OF STAY 45 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk c. CITY OR TOWN Humansville d. STREET ADDRESS

3. NAME OF DECEASED a. (First) John b. (Middle) Henry c. (Last) Putnam 4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1951

5. SEX M 6. COLOR OR RACE Wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH July 4, 1896 9. AGE (In years last birthday) 55 10. UNDER 1 YEAR 2 11. UNDER 1 YEAR 20 12. UNDER 1 YEAR 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician and Plumber 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Cedar Springs, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry B. Putnam 13b. MOTHER'S MAIDEN NAME Alice Elker 14. NAME OF HUSBAND OR WIFE Buelah M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes World War #1 16. SOCIAL SECURITY NO. 499-09-0091 17. INFORMANT'S SIGNATURE OR NAME Mrs. Buelah M. Putnam ADDRESS Humansville

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Metastatic Carcinoma of sigmoid colon. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of sigmoid colon 1yr. 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 153X 20. AUTOPSY? YES NO [X]

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 9-17, 1951, to 9-24, 1951, that I last saw the deceased alive on 9-24, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. H. Robinson M.D. 23b. ADDRESS Humansville Mo 23c. DATE SIGNED 9/25/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9/26/51 24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery 24d. LOCATION (City, town, or county) (State) Humansville, Mo.

DATE REC'D BY LOCAL REG. Sept. 26, 1951 REGISTRAR'S SIGNATURE Ralph Jordan 258 25. FUNERAL DIRECTOR'S SIGNATURE Primm Funeral Home. Humansville, Mo ADDRESS

No. 300 10-48

40 1

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

OCT 17 1951

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED

OCT 2 1951

Dist. File 1021-1284

Date Filed 10-10-51

OCT 17 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville

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.