

10-48 JUL AUG 15 1952

## STANDARD CERTIFICATE OF DEATH

State File No. 27467

BIRTH NO. _____		REG. DIST. NO. 65		PRIMARY REG. DIST. NO. 5251		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Mahaska</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mendon-Parral</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oskaloosa</u>		2140	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>D</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jessie</u>		b. (Middle) <u>E.</u>		c. (Last) <u>PUTNAM</u>	
4. DATE OF DEATH		(Month) <u>8</u>		(Day) <u>10</u>		(Year) <u>52</u>	
5. SEX <u>F.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>12-7-1892</u>	
9. AGE (in years last birthday) <u>59</u>		10. MONTHS <u>8</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>WM Shackelford</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ELMER PUTNAM</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Putnam</u> ADDRESS _____			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of frontal skull bone</u>				INTERVAL BETWEEN ONSET AND DEATH <u>immediate death</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile Accident</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8164-26</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, or workshop, office bldg., etc.) <u>Public Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Chariton Co., Mo.</u> (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 10 1952 3:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head on collision with another car</u>			
22. I hereby certify that I attended the deceased from <u>Death only</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8/14/52</u> , and that death occurred at <u>Brookfield, Mo.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mildred Brame</u> (Degree of title) <u>ID</u>				23b. ADDRESS <u>Brookfield, Mo.</u>		23c. DATE SIGNED <u>8-11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/14/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery Oskaloosa, Iowa</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>8-14-52</u>		REGISTRAR'S SIGNATURE <u>Mildred Brame</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Keipand</u>		ADDRESS <u>Mendon MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 S. L. Leopard \_\_\_\_\_

Licensed Embalmer No. 39,70 \_\_\_\_\_

P. O. Address Mendon MA \_\_\_\_\_

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.