

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2617

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 3

0860
1

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE	c. LENGTH OF STAY (In this place) LIFE TIME	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE	0860
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) LUCIEN	b. (Middle) DEXTER	c. (Last) PUTMAN	(Month) JAN.	(Day) 3	(Year) 1953

5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 4 1879	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Month 8	IF UNDER 24 HRS. Days 29	IF UNDER 1 MIN. Hour	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DELBERT P. PUTMAN	13b. MOTHER'S MAIDEN NAME HANNAH E BEACH	14. NAME OF HUSBAND OR WIFE VENONA PUTNAM
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. L. D. PUTNAM	ADDRESS UNIONVILLE, MO.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 minute
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c) hyperleucemia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			years

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 Jan 3, 1953, to Jan 3, 1953, that I last saw the deceased alive on Jan 3, 1953, and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. L. Judd D.O.	23b. ADDRESS Unionville Mo	23c. DATE SIGNED 1-4-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-7-53	24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE, CEMETERY	24d. LOCATION (City, town, or county) (State) UNIONVILLE, MISSOURI
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DATE REC'D BY LOCAL REG. 1-21-53	REGISTRAR'S SIGNATURE Marvell Dumbia	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CON-STOCK FUNERAL HOME, BY John A. Constock, UNIONVILLE, MO.
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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 _____

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working under my personal supervision.

Student Embalmer No.

Signed

John W Comstock

Signed.....

Student Embalmer

Licensed Embalmer No. *3891*

P. O. Address *Unionville, 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.