

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8797

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 321-A

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN Grand Island
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Hell W John 826's	

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) O	c. (Last) Putnam	4. DATE OF DEATH (Month) (Day) (Year) Apr 3 1956
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5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb-9-1901	9. AGE (In years last birthday) 55	10 UNDER 1 YEAR Months 0	11 UNDER 1 YEAR Days 23	12 UNDER 1 HRS. Hours 	13 UNDER 1 HRS. Min.
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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 (City and State or Foreign Country) Sparta TENN	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME R.V. McCulley	13b. MOTHER'S MAIDEN NAME Samantha Sherril	14. NAME OF HUSBAND OR WIFE _____
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Eddie Young ADDRESS Grand Island Neb.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ABOUT 2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TRAUMA TO BRAIN DUE TO ANTECEDENT CAUSES		
	DUE TO (b) AUTO ACCIDENT.		
DUE TO (c) DEPRESSED FRACTURE SKULL			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE, RT. ULNA			

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) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIWAY	21c. (CITY, TOWN, OR TOWNSHIP) d (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 2 56 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? AUTO ACCIDENT
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22. I hereby certify that I attended the deceased from **4-2-1956**, to **4-3-1956**, that I last saw the deceased alive on **4-2-1956**, and that death occurred at **1:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J H Allen (Degree or title) M.D.	23b. ADDRESS Springfield, Mo 12115. Glenstone	23c. DATE SIGNED 4-6-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar-3-56	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Grand Island, Neb
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DATE REC'D BY LOCAL REG. 4-9-56	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Max L. Fossitt ADDRESS M. Herman
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 9 1956

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.....
Signature of Student Embalmer

Signed..... *Max L. Fossett*

Licensed Embalmer No. *4252*

P. O. Address *McKeesport, Pa.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.