THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40467 STATE FILE NUMBER

FILED JAN 2 1957

Registration District No. 4 Primary Registration District No. 5070 Registrar's No. 170

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN N.W. Watson Mo — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in Hospital 10 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Atchison
c. CITY OR TOWN N.W. Watson Mo — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5 Mi. N.W. Watson — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Otto Middle — Last Putman
4. DATE OF DEATH: Month Dec. Day 15 Year 1956
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR: Months 8 Days 21 — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm.
11. BIRTHPLACE (City and state or country) Hamburg Iowa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Howard Putman Sr.
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 472-46-0583
17. INFORMANT Howard Putman Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion — Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Arterio-sclerosis — 10 years
DUE TO (c) Cardio-Vascular-renal disease — 15 years
Diabetes Mellitus — 3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1-1956 to Dec 15-56 and last saw her/him alive on Dec. 12-56
Death occurred at 11:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. R. Wanamaker (Degree or title) M.D.
22b. ADDRESS Hamburg Iowa
22c. DATE SIGNED 12/19/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-19-1956
23c. NAME OF CEMETERY OR CREMATORY Hamburg Cemetery
23d. LOCATION (City, town, or county) (State) Hamburg Iowa.

24. FUNERAL DIRECTOR E. E. Bertram ADDRESS Rock Port Mo.
25. DATE RECD. BY LOCAL REG. Dec 27, 1956
26. REGISTRAR'S SIGNATURE Theraine L. Schesler

(Licensed Embalmer's Statement on Reverse Side)

VS JUL 6 1960

FEB 1 1957

MAR 15 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate w

by me, or by ....., Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. E. Putnam

Licensed Embalmer No.

P. O. Address Rock

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITI
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.