

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

139  
STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 5069 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lamar Twsp.
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lamar R#3		Length of stay in 1b 12 yrs	d. STREET ADDRESS (If outside, give location) Lamar R#3
3. NAME OF DECEASED (Type or print) First MIDDLE Last LIDA MYRTLE PUNTNEY			4. DATE OF DEATH Month Day Year Jan 27 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 22 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) 70
13a. FATHER'S NAME Perry Marston		13b. MOTHER'S MAIDEN NAME Elizabeth Robbins	14. NAME OF HUSBAND OR WIFE Charles M. Puntney
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Charles M. Puntney, Lamar, Mo. R#3
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure DUE TO (b) Starvation DUE TO (c) Anaplastic Metastatic Carcinoma of the Liver			INTERVAL BETWEEN ONSET AND DEATH 36 hrs 2 Months ??
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 11-4-57 to 1-26-58 and last saw her alive on 1-26-58 Death occurred at 8:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Karl K. Krutz, D.O.		22b. ADDRESS Lamar, Mo	22c. DATE SIGNED 1-27-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Jan 30 1958	23c. NAME OF CEMETERY OR CREMATORY Lincoln,	23d. LOCATION (City, town, or county) (State) Lincoln, Missouri
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri		25. DATE RECD. BY LOCAL REG. JAN 29 58	26. REGISTRAR'S SIGNATURE Marie Konantz

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Norman L. Thompson* .....

Licensed Embalmer No. *4816* .....  
P. O. Address *Lanham, Md.* .....

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.