SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

=61=017721

STATE FILE NUMBER

AMENDED

FILED JUN 12 1961

Registrar's District No. 149 Primary Registration District No. 1002 Registrar's No. 2698

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 60 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 401 S.E. 11TH ST. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 401 S.E. 11TH ST — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JAMES Middle FREDERICK Last PUTTHOFF
4. DATE OF DEATH Month MAY Day 30 Year 1961
5. SEX MALE
6. COLOR OR RACE CAUCASIAN
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH JUNE 13 1900
9. AGE (last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GRAIN INSPECTOR
10b. KIND OF BUSINESS OR INDUSTRY STATE GRAIN INSPECT.
11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME WILLIAM H. PUTTHOFF
13b. MOTHER'S MAIDEN NAME BERNADINE BANKE
14. NAME OF HUSBAND OR WIFE MARIE PUTTHOFF
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. NONE
17. INFORMANT MRS LEE TURGEON Address 401 S.E. 11TH

INSTEAD OF

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Colon
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastasis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

DOCUMENT

MEDICAL CERTIFICATION

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 7-1960, to 5/30/61 and last saw her/him alive on 5/30/61
Death occurred at 8:Am. m on the date stated above, and to the best of my knowledge, from the causes stated.

SHOULD READ

22a. SIGNATURE J. Cochrane (Degree or title) M.D.
22b. ADDRESS 4406 Broadway
22c. DATE SIGNED 5/31/61

BY AFFIDAVIT OF J. Cochrane

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JUNE 1, 1961
23c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S CEMETERY
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR MUENLEBACH ADDRESS 6100 TROOST
25. DATE RECD. BY LOCAL REG. 5-31-61
26. REGISTRAR'S SIGNATURE Ruth Long

ITEM NO.

(Licensed Embalmer's Statement on Reverse Side)

J. J. COCKRANE
4706 BROADWAY 2:00 PM.
WE1-6288

WE 1-6288

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 Clare W. Carr Jr.

Licensed Embalmer No. 4934

P. O. Address KC 14, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.