

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0044369

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DEF FILED 008 64/37

Registration District No. 3023 Registrar's No. 308

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 04/25

2 04/25

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4 0

5 1

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7 0

8 2

9 4/20

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12 2-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in 1b <u>2 YRS</u>	c. CITY OR TOWN <u>Clinton</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>314 E Grandriver</u>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Joseph</u> Last <u>Putthoff</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>2</u> Year <u>1964</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 29-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>78</u>
13a. FATHER'S NAME <u>Theodore Putthoff</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sherberg</u>	14. NAME OF HUSBAND OR WIFE <u>Clara</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Clifford Putthoff</u>	
17. INFORMANT <u>Clifford Putthoff</u>		Address <u>Clinton Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH <u>minute</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Recurrent Acute Coronary Artery Occlusion</u>			<u>minute</u>
DUE TO (c) <u>Coronary Artery Sclerosis</u>			<u>years</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u>          </u> a.m. <u>          </u> p.m. <u>          </u> Month, Day, Year <u>          </u>	20d. INJURY OCCURRED WHILE AT WORK <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 <u>11-20-64</u> to <u>12-2-64</u> and last saw her/him alive on <u>12-2-64</u> Death occurred at <u>2:55p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clinton Glaspy, D.O.</u> (Degree or title)		22b. ADDRESS <u>Clinton, Mo.</u>	22c. DATE SIGNED <u>12/4/64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-5-1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Germantown Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Sickman-Dunning FH Clinton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 4, 1964</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Biggers</u>

USE BLACK INK OR TYPEWRITER RIBBON

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DEF 17:00

AUG 4 1966

Permit Obtained 12-4-44 MB

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 Stanley J. Dickman, Student Embalmer No. 750  
working under my personal supervision.

Student Stanley J. Dickman  
Signature of Student Embalmer

Signed R. L. Dunning

Licensed Embalmer No. 4710

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