

FILED APR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14625
State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Deepwater township</u>	
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/4 miles East of Spruce</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sunset Lodge</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LYDIA</u> b. (Middle) <u>M</u> c. (Last) <u>PUTRIDGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 11 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 26, 1872</u>	9. AGE (In years last birthday) <u>77</u> Months <u>1</u> Days <u>18</u>	10. UNDER 14 HRS. OF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Cassco Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Marshall Durett</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Bouland</u>	14. NAME OF HUSBAND OR WIFE <u>H H Lutridge</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H H Lutridge</u> ADDRESS <u>Montrose Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary congestion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>		
	DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
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22. I hereby certify that I attended the deceased from 4-9, 1949, to 4-11, 1949, that I last saw the deceased alive on 4-9, 1949, and that death occurred at 7 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. K. Amberworth Do</u>	23b. ADDRESS <u>El Dorado Spgs. Mo</u>	23c. DATE SIGNED <u>4-11-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 11-49</u>	REGISTRAR'S SIGNATURE <u>W. H. Vance</u> <u>331</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Wilkerson</u> ADDRESS <u>Clenton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

108

RECEIVED

District Health Officer No. 71

District File Number 3-49-398

Date Filed 4-18-49

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.....

none

Student Embalmer No. none

working under my personal supervision.

Signed none.....
Student Embalmer

Signed.....

F. L. Schaberg

Licensed Embalmer No. 4513

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 this body is not embalmed, fact should be so stated above.