

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25386

FILED JUL 24 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 333

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE MISSOURI c. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSP.		e. STREET ADDRESS (If rural, give location) 2619 VIRGINIA	
3. NAME OF DECEASED (Type or Print) a. (First) NORA b. (Middle) PUTNAM c. (Last) PUTNAM		4. DATE OF DEATH (Month) (Day) (Year) JULY 16 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. WIDOWED	8. DATE OF BIRTH DEC 12, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and State or Foreign Country) KANSAS
13a. FATHER'S NAME AARON WARD		13b. MOTHER'S MAIDEN NAME MARY ELIZABETH LEE	14. NAME OF HUSBAND OR WIFE -
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. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS MYRTLE LODGE ADDRESS Joplin
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) tuberculous toxicity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Tuberculosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 21, 1952 , to July 16, 1953 , that I last saw the deceased alive on July 16, 1953 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Alice N. Wilson MD		23b. ADDRESS 1923 Sergeant	23c. DATE SIGNED 7-16-53
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 7/18/53	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) TOPEKA KAN
DATE REC'D BY LOCAL REG. 7-17-53	REGISTRAR'S SIGNATURE Ed. J. James	25. FUNERAL DIRECTOR'S SIGNATURE Hurlbert Glover ADDRESS Joplin	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mrs. Wilson

RECEIVED

Jasper County Health Office

County File Number 616

Date Filed 7-23

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..... Dale Glover

Licensed Embalmer No... 454

P. O. Address Joplin

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.