

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED FEB 8 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **102**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 21 years	c. CITY OR TOWN St. Joseph	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 Virginia Convalescent Home 314 N. 10th St.		e. STREET ADDRESS (If rural, give location) 514 N. 10th St.	

3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) Putroff c. (Last) Stokes			4. DATE OF DEATH (Month) (Day) (Year) January 22, 1954		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 18, 1880	9. AGE (in years last birthday) 73	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 0	IF UNDER 1 YEAR Hours 0	IF UNDER 1 YEAR Min. 0
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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		11. BIRTHPLACE (City and State or Foreign Country) White Cloud, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME John Putroff		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE James H.			
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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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Victor Stokes, 2425 Lafayette, St. Joseph, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage with Malignant Hypertension					INTERVAL BETWEEN ONSET AND DEATH 1 day	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>	
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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) 331 X	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **8-13**, 19 **53** to **1-22-54**, 19 **54**, that I last saw the deceased alive on **1-22**, 19 **54**, and that death occurred at **9:00a.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy, M.D.		23b. ADDRESS 2801 Sacramento St. Joseph, Mo.		23c. DATE SIGNED 1-25-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/25/1954	24c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Craig, Missouri		
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DATE REC'D BY LOCAL REG. Feb 3, 1954		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hester Bowman Fun Home - St. Joseph, Mo.	
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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..... Eugene Wood

Licensed Embalmer No. 380

P. O. Address 319 So 10th St, H

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.