

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 18 1954

3495

No. 300  
10. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3495

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>6 days</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>4512 BLUE RIDGE BLVD</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>KENNETH</b> b. (Middle) <b>R.</b> c. (Last) <b>PUTNAM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 16, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>December 23, 1896</b>
9. AGE (in years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Furniture Buyer</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Furniture Buyer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Furniture</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Callatin, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Elmer L. Putnam</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary E. Woods</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Fern</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>085-40-4583</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Official Records, K.C. Mo</b>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolus with infarction.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <b>Myocardial infarction with mural thrombosis.</b>		<b>1 week</b>	
DUE TO (c) <b>Arteriosclerotic cardiovascular disease.</b>		<b>1 week</b>	
II. OTHER SIGNIFICANT CONDITIONS		<b>4201</b>	
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? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input 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) <b>VA</b>		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 <b>July 10</b> , 19 <b>54</b> , to <b>July 16</b> , 19 <b>54</b> , <del>XXXXXXXXXXXXXXXXXXXX</del> and that death occurred at <b>10:45A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. E. Burger, M.D.</b> (Degree or title)		23b. ADDRESS <b>VA Hospital Kansas City, Missouri</b>	
23c. DATE SIGNED <b>7/16/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>DURIAL</b>		24b. DATE <b>JUN 19, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-19-54</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Geraldine Smith</b> ADDRESS <b>1331 Brook Green Kansas City, Missouri</b>	

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

MAR 4 1959

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 *Jess T. Dew*

Licensed Embalmer No. *445*

P. O. Address *Tanner Co*

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.