

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40072

State File No.

FILED JAN 12 1955

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4027 Registrar's No. 1

060

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

0060
0

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Burgess</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Burgess</u>	
c. LENGTH OF STAY (in this place) <u>2</u> years		d. STREET ADDRESS (If rural, give location) <u>Burgess, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Burgess, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nora</u>	b. (Middle) <u>Agnes</u>	c. (Last) <u>Putman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 24 1954</u>
-------------------------------------	------------------------	--------------------------	-------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 13, 1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
----------------------	-------------------------------	---	--	---	------------------------	-----------------------	-----------------------	-----------------------

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>Connellsville, Penn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Michael Enright</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Long</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Putman</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Golide Underwood (daughter)</u>	ADDRESS <u>Pittsburg</u>
---	--	--	--------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral stenosis</u> 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 <u>410X</u>	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)	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 12-24, 1954, to 12-24, 1954, that I last saw the deceased alive on 12-24, 1954, and that death occurred at 7:38 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Allen W. Sandridge MD.</u>	23b. ADDRESS <u>Mulberry, Kansas</u>	23c. DATE SIGNED <u>12/28/54</u>
--	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/24/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosebank</u>	24d. LOCATION (City, town, or county) (State) <u>Mulberry Kansas</u>
--	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Jan 7, 1955</u>	REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melba J. Montague</u>	ADDRESS <u>Mulberry</u>
---	---	---	-------------------------

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
Student Embalmer

Signed.....



Licensed Embalmer No. 3969

P. O. Address Pittsburg, Kan.

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.