S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8749

FILED APR 11 1955

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 33

0581 0

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

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARCELINE
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. FRANCIS HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: LINN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARCELINE 0581 0
d. STREET ADDRESS (If rural, give location): 423 N. KANSAS

3. NAME OF DECEASED (Type or Print)
a. (First): ELISE
b. (Middle): CARTER
c. (Last): PUTMAN

4. DATE OF DEATH (Month) (Day) (Year): 3 29 1955

5. SEX: FEMALE
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW - 2
8. DATE OF BIRTH: 9-21-1877
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 6, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and State or Foreign Country): QUINCY ILL.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GEO. JONES
13b. MOTHER'S MAIDEN NAME: MARY CARTER
14. NAME OF HUSBAND OR WIFE: DR. OLA PUTMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: Mildred Putman — ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage, Massive

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio Vascular Dis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 443X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 3-29, 1955, *that I last saw the deceased alive on* 3-29, 1955, *and that death occurred at* 7:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Marceline, Mo.
23c. DATE SIGNED: 3-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-31-55
24c. NAME OF CEMETERY OR CREMATORY: MASONIC CEM.
24d. LOCATION (City, town, or county) (State): BUCKLIN MO

DATE REC'D BY LOCAL REG.: 3-31-55
REGISTRAR'S SIGNATURE: Mary J Redgway 401 0
25. FUNERAL DIRECTOR'S SIGNATURE: Miller-Tillotson — ADDRESS: Marceline Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 21 1957

APR 12 1955

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 Filburn K. Tillatsain

Licensed Embalmer No. 4508

P. O. Address Marceline, 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.