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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016345
STATE FILE NUMBER

A-23
FILED MAY 7 1959

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1016

300
-57

1. PLACE OF DEATH - a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet. Adm. Hospital		d. STREET ADDRESS (If outside, give location) 2311 So. JEFFERSON	
Length of stay in lb 1 Hour		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle L. Last PUTNAM			4. DATE OF DEATH Month 4 Day 13 Year 59		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-25-88	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUNSMITH		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) DU BUQUE, IOWA		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME GEORGE T. PUTNAM		13b. MOTHER'S MAIDEN NAME MARIE SCHMIDT		14. NAME OF HUSBAND OR WIFE EDNA C. PUTNAM	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1	16. SOCIAL SECURITY NO. 494 24 6205	17. INFORMANT VA HOSP. RECORDS, JEFFERSON BARRACKS, MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 15 years
DUE TO (b) 420.0		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 1. INTRACAPILLARY GLOMERULO SCLEROSIS 2. DIABETES, MELLITUS		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA	20f. CITY, TOWN, OR LOCATION VA HOSP. JEFF. BRKS. MO.	COUNTY Mo.	STATE
21. I attended the deceased from 4-13-59 to 4-13-59 and last saw him on 4-13-59 at 10:40 am on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE W. Oppler Dir. Prof. Services	22b. ADDRESS VA HOSP. JEFF. BRKS. MO.	22c. DATE SIGNED 4-13-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/16/59	23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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24. FUNERAL DIRECTOR Gebken Sons	ADDRESS 2630 Gravois Ave.	25. DATE RECD. BY LOCAL REG. 4-14-59	26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *V E Morris*

Licensed Embalmer No. *3360*

P. O. Address *St Louis,*

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.