JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 26 1960

-60-032750

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8128

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS Mo
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. CITY HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1526 LAFAYETTE
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HENRY Middle HUELL Last PUTMAN

4. DATE OF DEATH: Month AUG. Day 16 Year 1960

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: MAY 29 1908

9. AGE (last birthday): 52

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: TIRE Co

11. BIRTHPLACE (City and state or country): HARDIN KENTUCKY

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JOHN M. PUTMAN

13b. MOTHER'S MAIDEN NAME: ELLA JONES

14. NAME OF ~~HUSBAND~~ OR WIFE: HAZEL PUTMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 406-05-8717

17. INFORMANT: HAZEL PUTMAN Address: 1526 LAFAYETTE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Coronary Sclerosis
DUE TO (b): with an aneurysm in the right Coronary Artery at the first bifurcation
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
4201

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 330 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: Patrick Playter Corum (Degree or title)

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 8.17.60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY: MURRAY MEM. GARDENS

23d. LOCATION (City, town, or county) (State): MURRAY KENTUCKY

24. FUNERAL DIRECTOR: Thomas Kutz ADDRESS: 2906 Geraris

25. DATE RECD. BY LOCAL REG.: AUG 17 1960

26. REGISTRAR'S SIGNATURE: Noam Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Eleanor Provine

Signature of Student Embalmer

Licensed Embalmer No. 3403

P. O. Address 906 Mar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.