

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 29 1960

60-042744

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 223

INDEXED

1. PLACE OF DEATH a. COUNTY <b>LIVINGSTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LIVINGSTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CHILLICOTHE</b>	Length of stay in 1b <b>5 yrs.</b>	c. CITY OR TOWN <b>CHILLICOTHE</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>93 Eleventh St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>93 Eleventh St.</b>

3. NAME OF DECEASED (Type or print) First <b>IRVEN</b> Middle <b>AYLETTE</b> Last <b>PUTMAN</b>	4. DATE OF DEATH Month <b>NOVEMBER</b> Day <b>16</b> Year <b>1960</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/19/1895</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>REALTOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>REAL ESTATE</b>	11. BIRTHPLACE (City and state or country) <b>REGAR, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM PUTMAN</b>	13b. MOTHER'S MAIDEN NAME <b>FANNY M. ATKINS</b>	14. NAME OF HUSBAND OR WIFE <b>LOIS CATHERINE KELSO</b>
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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>068-09-7099</b>	17. INFORMANT <b>MRS. I.A. PUTMAN</b>	Address <b>93 Eleventh St. Chillicothe, Mo.</b>
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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) <b>Acute myocardial infarction</b>	INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <b>4:00 PM 11/16/60</b> to <b>4:30 PM 11/16/60</b> and last saw him alive on <b>11/16/60</b> Death occurred at <b>4:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>William L. Fair, M.D.</b>	22b. ADDRESS <b>Chillicothe, MO.</b>	22c. DATE SIGNED <b>11/22/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11/18/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>EDGEWOOD CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>CHILLICOTHE, MISSOURI</b>
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24. FUNERAL DIRECTOR <b>NORMAN FUNERAL HOME: Chillicothe, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Nov 16, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Annalee Taylor</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Elton T. Thomas*

Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE, M

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