

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028685

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 131

AMENDED

FILED AUG 28 1961

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NORTH KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. K. C. MEMORIAL HOSP.		d. STREET ADDRESS (If outside, give location) 3619 EAST 79TH ST.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last BERNARD LELAND PUTNAM			4. DATE OF DEATH Month Day Year AUGUST 19 1961			
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 3/16/32	9. AGE (last birthday) 29	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER		10b. KIND OF BUSINESS OR INDUSTRY STANDARD STEEL COMPANY		11. BIRTHPLACE (City and state or country) LUCERNE, MISSOURI		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME EMMETT WELLS PUTNAM		13b. MOTHER'S MAIDEN NAME VIOLET R. STOKES		14. NAME OF HUSBAND OR WIFE MRS. MARY ELLA PUTNAM		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES KOREAN CONFLICT	16. SOCIAL SECURITY NO.	17. INFORMANT MARY ELLA PUTNAM Address 3619 EAST 79TH ST. KANSAS CITY, MO.
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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) Bilateral Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Tracheo-bronchial Burns		
DUE TO (c) Severe burns to 86% area of Body		
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Walding under tank filled with oil
20c. TIME OF INJURY Hour 1:30 p.m. Month, Day, Year Aug 17, 1961	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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

21. I attended the deceased from **Aug 17, 1961** to **Aug 18, 1961** and last saw her/him alive on **Aug 19, 1961**
Death occurred at **6:50 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. A. Chandler M.D.	(Degree or title)	22b. ADDRESS 701 E. 63rd. K.C., Mo.	22c. DATE SIGNED 8-19-61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE AUG. 21, '61	23c. NAME OF CEMETERY OF REST HAVEN MEM. GARDENS	23d. LOCATION (City, town, or county) (State) TRENTON MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	ADDRESS NORTH KANSAS CITY MISSOURI	25. DATE RECD. BY LOCAL REG. 8-20-61	26. REGISTRAR'S SIGNATURE <i>Marguerite Judgers</i>

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 29 1961

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 Glenn H. Heil

Licensed Embalmer No. 4586

P. O. Address K.C. 18, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.