

**STANDARD CERTIFICATE OF DEATH**

**FILED AUG 17 1953**

State File No. **28364**  
Registrar's No. **743**

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		State File No. <b>28364</b>		Registrar's No. <b>743</b>			
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)							
a. COUNTY <b>GREENE</b>				a. STATE <b>MISSOURI</b>			b. COUNTY <b>GREENE</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>			c. LENGTH OF STAY (in this place) <b>LIFE</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>			<b>e 396</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>923 S. CAMPBELL</b>							
<b>3. NAME OF DECEASED</b> (Type or Print)			a. (First) <b>ROY</b>		b. (Middle) <b>E.</b>		c. (Last) <b>WHITEHEAD</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>AUGUST 7, 1953</b>		
<b>5. SEX</b> <b>MALE</b>		<b>6. COLOR OR RACE</b> <b>WHITE</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>		<b>8. DATE OF BIRTH</b> <b>JULY, 20, 1888</b>		<b>9. AGE</b> (In years last birthday) <b>65</b>		<b># UNDER 1 YEAR</b> Months _____ Days _____	<b># UNDER 1 WEEK</b> Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Ret. Frisco R.R. Employee</b>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>CHRISTIAN CO., MISSOURI</b>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		
<b>13a. FATHER'S NAME</b> <b>JACK WHITEHEAD</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>UNKNOWN</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>JENNIE WHITEHEAD</b>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b>		(If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>JENNIE WHITEHEAD</b>					<b>ADDRESS</b> <b>923 S. CAMPBELL</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 1/2 hrs</b>	
				<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary thrombosis, acute</b>							
				<b>Antecedent Causes</b> <b>± myocardial infarction</b>							
				DUE TO (b) _____							
				DUE TO (c) _____							
				<b>II. OTHER SIGNIFICANT CONDITIONS:</b> Conditions contributing to the death but not related to the disease or condition causing death.							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>									
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <b>Springfield</b>		<b>(COUNTY)</b> <b>MO</b>		<b>(STATE)</b> <b>MO</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			<b>21f. HOW DID INJURY OCCUR?</b>						
<b>22. I hereby certify that I attended the deceased from <del>8-7</del> 1953, to 8-7, 1953, that I last saw the deceased alive on 8-9, 1953, and that death occurred at 9:10 p.m., from the causes and on the date stated above.</b>											
<b>23a. SIGNATURE</b> <b>G.B. Lemmon, M.D.</b>				<b>23b. ADDRESS</b> <b>Springfield, Mo.</b>				<b>23c. DATE SIGNED</b> <b>8-10-53</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>		<b>24b. DATE</b> <b>8/9/53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>EASTLAWN CEMETERY</b>			<b>24d. LOCATION</b> (City, town, or county) (State) <b>SPRINGFIELD, MO.....</b>				
<b>DATE REC'D BY LOCAL REG.</b> <b>8-11-53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Edith Williamson</b>				<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>H. H. LOHMEYER, SPRINGFIELD, MO.</b>					<b>ADDRESS</b>

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

**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 *Levin T. Swadley*

Licensed Embalmer No. *4815*

P. O. Address *Springfield*

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.