

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016762  
State File No.

FILED APR 21 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1033

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Corrected by affidavit 5/14/58

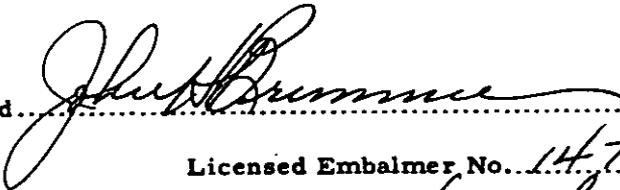
1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>INDIANA</b> b. COUNTY <b>8130</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kirkwood</b> c. LENGTH OF STAY (In this place) <b>4</b>		c. CITY OR TOWN <b>INDIANAPOLIS</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>Local</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROY</b> b. (Middle) <b>-</b> c. (Last) <b>WHITACRE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 13 58</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>June 17-1880</b>
9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INSURANCE ADJ.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INSURANCE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>RICHMOND, IND.</b>
12. CITIZENSHIP OF WHAT COUNTRY? <b>USA.</b>		13a. FATHER'S NAME <b>WM. WHITACRE</b>	
13b. MOTHER'S MAIDEN NAME <b>UNK.</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>unk</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>492-05-2410</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>L. C. Wilson</b>		ADDRESS <b>Morse Mill Mo.</b>	
18. CAUSE OF DEATH 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Edema, pulmonary.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>undetermined cause</b> DUE TO (c) <b>Pneumonitis, viral 492X Aortic arteriosclerosis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>		19d. <b>4 days</b>	
19e. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DATE OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>4/10</b> , 19 <b>58</b> , to <b>4/13</b> , 19 <b>58</b> that I last saw the deceased alive on <b>4/12</b> , 19 <b>58</b> and that death occurred at <b>4 P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Frank Huck M.D.</b> (Degree or title)		23b. ADDRESS <b>Fenton, Mo</b>	
23c. DATE SIGNED <b>4/14/58</b>		24. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>4-14-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>170. CREMATORY</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>
DATE REC'D BY LOCAL REG. <b>4-14-58</b>	REGISTRAR'S SIGNATURE <b>Deshaet R. Danhe M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Brunner Funeral Home</b> ADDRESS <b>490</b>	

---

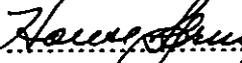
STATEMENT BY LICENSED EMBALMER —

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.....  


Licensed Embalmer No. 147

P. O. Address.....  


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.