MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2910 STATE FILE NUMBER -62-013327

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB — AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2131 East Prairie Ave. — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2131 East Prairie Ave. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First D. — Middle GRANT — Last WHITEHEAD

4. DATE OF DEATH: Month March 15, Day 1962, Year

5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 12-24-1874
9. AGE (last birthday): 87 — 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): Farmer,
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Alabama
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Druest Whitehead
13b. MOTHER'S MAIDEN NAME: Sopha Anthony
14. NAME OF HUSBAND OR WIFE: Fannie Whitehead, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Cleburne Whitehead, Address: 2131 E. Prairie

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive heart failure	2 days
DUE TO (b)	Cardiac infaction	4 hrs.
DUE TO (c)	mal nutrition 434.1	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

O.K. Paul Simon Deputy Grant 9/62

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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 2-15-62, to 1-15-62 and last saw her/him alive on 1-15-62
Death occurred at 4:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John O'Haver D.O.
22b. ADDRESS: 1652 California
22c. DATE SIGNED: 3-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-16-1962
23c. NAME OF CEMETERY OR CREMATORY: Augustia Cemetery
23d. LOCATION (City, town, or county) (State): Augustia, Arkansas

24. FUNERAL DIRECTOR — ADDRESS: Stock Mortuaries. 2117 E. Grand
25. DATE RECD. BY LOCAL REG.: MAR 16 1962
26. REGISTRAR'S SIGNATURE: Carl 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul A Wachter

Signature of Student Embalmer

Licensed Embalmer No. 4787

P. O. Address St Louis 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.