

FILED JUL 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19998

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 200

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin
c. LENGTH OF STAY (In this place) 46 Yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin

d. FULL NAME OF HOSPITAL OR INSTITUTION Delmar Curington

d. STREET ADDRESS (If rural, give location) 1912 Connor

3. NAME OF DECEASED
a. (First) Delmar b. (Middle) Currington c. (Last) Whitehead

4. DATE OF DEATH (Month) (Day) (Year) 7 2 1949

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married

8. DATE OF BIRTH March 12, 1908

9. AGE (In years last birthday) 46
IF UNDER 1 YEAR Months 3 Days 20
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Miner

10b. KIND OF BUSINESS OR INDUSTRY Mining

11. BIRTHPLACE (State or foreign country) Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lee Whitehead

13b. MOTHER'S MAIDEN NAME Callie Foster

14. NAME OF HUSBAND OR WIFE Agnes Whitehead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Agnes Whitehead, 1912 Connor Joplin, Mo.

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) Broncho Pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Silico Tuberculosis
DUE TO (c) Lead & zinc mining
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
Complete pt pneumonia

INTERVAL BETWEEN ONSET AND DEATH
5 da
?
10 1/2
14 mo

19a. DATE OF OPERATION 4-15-49

19b. MAJOR FINDINGS OF OPERATION Rt Emphysema

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-31, 1949, to 7-1, 1949, that I last saw the deceased alive on 7-1, 1949, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James V. Flaherty, M.D.

23b. ADDRESS Centerville, Mo

23c. DATE SIGNED 7-6-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-5-49

24c. NAME OF CEMETERY OR CREMATORY Forest Park

24d. LOCATION (City, town, or county) (State) Joplin, Missouri

DATE REC'D BY LOCAL REG. 7-8-49

REGISTRAR'S SIGNATURE Ed Garner 138

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary, Joplin, Mo.

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

RECEIVED 7-9-49

Jasper County Health Office

County File Number 49-7-531

Date Filed 7-12-49

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 Steve Parks

Licensed Embalmer No. 2548

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 this body is not embalmed, fact should be so stated above.