

**STANDARD CERTIFICATE OF DEATH**

FILED JUL 19 1954

State File No. **22760**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 675

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>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. CITY OR TOWN <b>Springfield</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>4 hours</b>  |  | e. STREET ADDRESS (If rural, give location) <b>1320 N. Sherman Avenue</b> <sup>0396</sup>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>                                   |  |  |   |

|  |                               |   |  |   |  |                             |
|--|-------------------------------|---|--|---|--|-----------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>GEORGE</b> b. (Middle) <b>LaFayette</b> c. (Last) <b>WHITLOCK</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 13, 1954</b>                  |   |  |                             |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>30 May 1874</b>  | 9. AGE (in years last birthday) <b>80</b> | IF UNDER 1 YEAR Months Days                | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Machinist</b>      |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>                     | 11. BIRTHPLACE (City and State or Foreign Country) <b>Noblesville, Indiana</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |                             |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <b>Gratus Whitlock</b>                                   |  | 13b. MOTHER'S MAIDEN NAME <b>Elizabeth Gilkey</b> |  | 14. NAME OF HUSBAND OR WIFE <b>May Whitlock</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>None</b>               |  | 17. INFORMANT'S SIGNATURE OR NAME <b>May Whitlock, 1320 N. Sherman Avenue, Springfield, Missouri.</b> |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probably Coronary Thrombosis</b>  |  | INTERVAL BETWEEN ONSET AND DEATH <b>approx. 10</b> |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Auricular Fibrillation</b>     |  | <b>years</b>                                       |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION                   |  | 19b. MAJOR FINDINGS OF OPERATION <b>4201</b>   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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) (Min.) |  | 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 13 July 1954, to 7-13, 1954, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:30P m., from the causes and on the date stated above.

|   |  |  |  |                                    |  |
|---|--|--|--|------------------------------------|--|
| 23a. SIGNATURE <b>Henry F. Knott, Jr.</b> (Degree or title) <b>MD</b> |  | 23b. ADDRESS <b>01630 N. Jefferson</b> |  | 23c. DATE SIGNED <b>14 July 54</b> |  |
|---|--|--|--|------------------------------------|--|

|  |  |                               |  |  |  |   |  |
|--|--|-------------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> |  | 24b. DATE <b>17 July 1954</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Crownland Cemetery</b> |  | 24d. LOCATION (City, town, or county) (State) <b>Noblesville, Indiana</b> |  |
|--|--|-------------------------------|--|--|--|---|--|

|   |  |   |  |  |  |                                     |  |
|---|--|---|--|--|--|-------------------------------------|--|
| DATE REC'D BY LOCAL REG. <b>7/16-54</b> |  | REGISTRAR'S SIGNATURE <b>Edith Williamson</b> |  | FUNERAL DIRECTOR'S SIGNATURE <b>Paul C. Thieme</b> |  | ADDRESS <b>Springfield Missouri</b> |  |
|---|--|---|--|--|--|-------------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

AUG 2  
JUL 20

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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..... *Fred C. Plume*

Licensed Embalmer No. 2899  
Springfield,  
P. O. Address..... Missouri.

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.