

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009052

STATE FILE NUMBER

Health, Welfare, Public Service

FILED APR 6 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 311A

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature for cause of death. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Gallatin 03/00 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners		Length of stay in lb 154 days	d. STREET ADDRESS (If outside, give location) Unknown Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Inst. Name, Terry Marvin Whitt (True Name, Clyde C. Forrester)			4. DATE OF DEATH Month Day Year March 22, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 8, 1902
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9b. KIND OF BUSINESS OR INDUSTRY Varied	9. AGE (In years last birthday) 56 10. FUNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME David Payne		11b. MOTHER'S MAIDEN NAME Grace Forster	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no; unknown) (If yes, give year or years of service) Yes 1919 to 1920		14. SOCIAL SECURITY NO. 511-12-9278	15. INFORMANT Address Files-MCFP Springfield, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung			INTERVAL BETWEEN ONSET AND DEATH 9 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Blastomycosis			14 months
DUE TO (c) Pulmonary Tuberculosis			14 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -----	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		-----	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		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 10-21-58 to 3-22-59 and last saw him alive on March 22, 1959 Death occurred at 9:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		163XA	
22a. SIGNATURE J. Hunter, M.D. Clinical Director		22b. ADDRESS Medical Center for Federal Prisoners, Springfield, Mo.	22c. DATE SIGNED 3-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-25-59	23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Missouri
24. FUNERAL DIRECTOR AYRE-GOODWIN:		ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 2-20-59
		26. REGISTRAR'S SIGNATURE Effie G. Melton	

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 *Robert M. Law*

Licensed Embalmer No. *4733*

P. O. Address *Quincy, Ill. Ill.*

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.