

1. PLACE OF DEATH a. COUNTY Fannin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Fannin	
b. CITY OR TOWN (If outside city limits, give precinct no.) Bonham		c. CITY OR TOWN (If outside city limits, give precinct no.) Ector	
c. LENGTH OF STAY in 1 b. Two weeks		d. STREET ADDRESS (If rural, give location) XXX	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Medical and Surgical Hospital		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) (a) First JOHN (b) Middle HENDERSON (c) Last WHITEHEAD			4. DATE OF DEATH October 20, 1964	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 27, 1909	9. AGE (in years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Minutes	IF UNDER 24 HRS. Hours Minutes
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Road Construction	10b. KIND OF BUSINESS OR INDUSTRY Fannin County	11. BIRTHPLACE (State or foreign country) Coleman, Texas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13. FATHER'S NAME B. H. Whitehead	14. MOTHER'S MAIDEN NAME Katie Hicks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 358-09-2860	17. INFORMANT Mrs. Winnie Mae Whitehead
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) initial attack DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 weeks 10/3/64
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 type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury) TEXAS DEPARTMENT OF HEALTH REC'D NOV 20 1964 BUREAU OF VITAL STATISTICS	TEXAS DEPARTMENT OF HEALTH REC'D NOV 8 1964 BUREAU OF VITAL STATISTICS
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)

20f. CITY, TOWN, OR LOCATION Ector	COUNTY Fannin	STATE Texas
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21. I hereby certify that I attended the deceased from **Oct 3 1964** to **Oct 20 1964** and last saw the deceased alive on **Oct 20 1964**. Death occurred at **5:35 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Rene L. Mason M.D.	(Degree or title)	22b. ADDRESS Mt-S. Clinic, Bonham	22c. DATE SIGNED 10-23-64
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 21, 1964	23c. NAME OF CEMETERY OR CREMATORY Carson Cemetery
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23d. LOCATION (City, town, or county) (State) Ector, Texas	24. FUNERAL DIRECTOR'S SIGNATURE Joe C. Denton
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25a. REGISTRAR'S FILE NO. 10-23-64	25b. DATE REC'D BY LOCAL REGISTRAR	25c. REGISTRAR'S SIGNATURE Ruth Jones
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TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 7-59