

STATE OF TEXAS

057-01-2) 35,000-00

CERTIFICATE OF DEATH

STATE FILE NO.

07766

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Oklahoma</b> b. COUNTY <b>Carter</b>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Dallas</b>		c. LENGTH OF STAY in l b. <b>54 days</b>	c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Ardmore</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Baylor Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>1519 Stanley</b>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE 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) <b>Marguerite</b> (a) First (b) Middle (c) Last <b>WHITENBERG</b>			4. DATE OF DEATH <b>Feb. 22, 1965</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 28, 1897</b>	9. AGE (In years last birthday) <b>67</b> IF UNDER 1 YEAR: Months Days Hours Minutes IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALES LADY</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DEPARTMENT STORE</b>		11. BIRTHPLACE (State or foreign country) <b>MT. VERNON, TEXAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>A. H. O'TYSON</b>			14. MOTHER'S MAIDEN NAME <b>BESS GALT</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Alicia Stroman</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lymphosarcoma</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <b>30 months</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>none</b>					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 a.m. p.m. Month Day Year			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		STATE	
<b>TEXAS DEPARTMENT OF HEALTH REC'D MAR 10 1965 BUREAU OF VITAL STATISTICS</b>					
21. I hereby certify that I attended the deceased from <b>1949</b> to <b>22 FEB</b> 19 <b>65</b> and last saw the deceased alive on <b>22 FEB</b> 19 <b>65</b> . Death occurred at <b>11:00 a</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Juba Galt MD</b> (Degree or title)			22b. ADDRESS <b>1330 Medical Arts Dallas Tex</b>		22c. DATE SIGNED <b>25 FEB 65</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2-22-65</b>		23c. NAME OF CEMETERY OR CREMATORY <b>HILLCREST CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>Ardmore,</b>		(State) <b>Oklahoma</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Lamar &amp; Smith by: P. H. [Signature]</b>	
25a. REGISTRAR'S FILE NO. <b>1222</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>FEB 26 1965</b>		25c. REGISTRAR'S SIGNATURE <b>J. W. Bass By Maurine Lamm</b> Acting Registrar	

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112. REV. 1/58

NON-RESIDENT

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Hospital

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