STATE OF TEXAS 212-01-2 212-01 CERTIFICATE OF DEATH 6955 STATE FILE NO. **45786**

TEXAS DEPARTMENT OF HEALTH RESOURCES — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

1. PLACE OF DEATH
   a. COUNTY: Smith
   b. CITY OR TOWN (If outside city limits, give precinct no.): Tyler
   c. LENGTH OF STAY in this place: 8 years
   d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Medical Center Hospital
   e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
   a. STATE: Texas b. COUNTY: Smith
   c. CITY OR TOWN (If outside city limits, give precinct no.): Tyler
   d. STREET ADDRESS (If rural, give location): 2926 McDonald Road
   e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
   f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (Type or print): (a) First: CHARLES (b) Middle: Norman (c) Last: Bogardus
4. DATE OF DEATH: June 17, 1977
5. SEX: Male
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 10-26-38
9. AGE (In years last birthday): 38
   IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Sears Automotive Dept.
11. BIRTHPLACE (State or foreign country): New York State
12. CITIZEN OF WHAT COUNTRY?: USA.
13. FATHER'S NAME: Paul C. Bogardus
14. MOTHER'S MAIDEN NAME: Elleanor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 362-38-9948
17. INFORMANT: Mrs. Annette Bogardus Wife

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
   PART I. DEATH WAS CAUSED BY:
   IMMEDIATE CAUSE (a): Cardio - Respir Arrest
   Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
   DUE TO (b): Medullary Damage
   DUE TO (c): G S W Head
   INTERVAL BETWEEN ONSET AND DEATH:
   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 [ ] NO [X]

TEXAS DEPARTMENT OF HEALTH RESOURCES
REC'D JUL 13 1977
BUREAU OF VITAL STATISTICS

20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.): Self Inflicted G S W
20c. TIME OF INJURY: 12 [illegible] a.m. June 17, 1977
20d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): Home 2926 McDonald Road
20f. CITY, TOWN, OR LOCATION COUNTY STATE: Tyler , Smith County, Texas

21. I hereby certify that I attended the deceased from 17 Jun 19 77 to 17 Jun 19 77 and last saw the deceased alive on 17 Jun 19 77. Death occurred at 8:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: Tyler, Texas
22c. DATE SIGNED: 17 Jun 77

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal/ Burial
23b. DATE: June 18, 1977
23c. NAME OF CEMETERY OR CREMATORY: Cathedral In The Pines Cemetery
23d. LOCATION (City, town, or county) (State): Tyler, Texas
24. FUNERAL DIRECTOR'S SIGNATURE: Leon York Jr. FD. 6119 [signature]

25a. REGISTRAR'S FILE NO.: 571
25b. DATE REC'D BY LOCAL REGISTRAR: June 20, 1977
25c. REGISTRAR'S SIGNATURE: [signature] M.D.

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