35385

STATE OF TEXAS 052-01-2 05204 **CERTIFICATE OF DEATH** E9651 STATE FILE NO

Texas Department of Health — BUREAU OF VITAL STATISTICS

1252-81

VS-112, REV 1-80

1. NAME OF DECEASED [Type or print]	[a] First: Wendy	[b] Middle: Gale	[c] Last: Wade	2. SEX: Female	3. DATE OF DEATH: May 12, 1981		
4. RACE: White	5a. WAS THE DECEDENT OF SPANISH ORIGIN?: No	5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC: --	6. DATE OF BIRTH: 7/20/65	7. AGE [In years last birthday]: 15	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR.: Hours / Minutes	
8a. PLACE OF DEATH — COUNTY: Dallas	8b. CITY OR TOWN [If outside city limits give precinct no.]: Dallas	8c. NAME OF HOSPITAL OR INSTITUTION [If not in hospital give street address]: Medical City Hospital			8d. INSIDE CITY LIMITS?: yes		
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED [Specify]: Never Married	10. BIRTHPLACE [State or foreign country]: Texas	11. CITIZEN OF WHAT COUNTRY?: USA	12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: No	13. SURVIVING SPOUSE [If wife, give maiden name]: None			
14. SOCIAL SECURITY NO.: None	15a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired]: Student	15b. KIND OF BUSINESS OR INDUSTRY: --					
16a. RESIDENCE — STATE: Texas	16b. COUNTY: Dallas	16c. CITY OR TOWN [If outside city limits, show rural]: Mesquite	16d. STREET ADDRESS [If rural, give location]: 4820 Salem Drive	16e. INSIDE CITY LIMITS?: yes			
17. FATHER'S NAME: William Dale Wade	18. MOTHER'S MAIDEN NAME: Patricia Ann Scott	19. SIGNATURE OF INFORMANT: Dean Parrino					

CAUSE OF DEATH

20. PART I — IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c).]

Conditions, if any, which gave rise to immediate cause, stating the underlying cause last

(a) Complication of shotgun wound of abdomen — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF

(c) — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

21. AUTOPSY?: no

22a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. [Specify]: Homicide	22b. DATE OF INJURY [Mo., Day, Yr.]: 4/23/81	22c. HOUR OF INJURY: @8:00 A. M	22d. DESCRIBE HOW INJURY OCCURRED: Shot by relative who then committed suicide	
22e. INJURY AT WORK [Specify yes or no]: no	22f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. [Specify]: Residence	22g. LOCATION — STREET OR R.F.D. NO.: 7447 LaBolsa	CITY OR TOWN: Dallas	STATE: Texas

CERTIFIER

To be completed by CERTIFYING PHYSICIAN only

23a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. [Signature and Title]

TEXAS DEPARTMENT OF HEALTH
RECD JUN 11 1981
BUREAU OF VITAL STATISTICS

23b. DATE SIGNED [Mo., Day, Yr.] — 23c. HOUR OF DEATH: M

23d. NAME OF ATTENDING PHYSICIAN [Type or print]

To be completed by MEDICAL EXAMINER or CORONER only

24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated. [Signature and Title]

P. E. Besaht-Matthews, M. D.
Medical Examiner

24b. DATE SIGNED [Mo., Day, Yr.]: May 12, 1981 — 24c. HOUR OF DEATH: 1:27 A. M

24d. PRONOUNCED DEAD [Mo., Day, Year]: ON 5/12/81 — 24e. PRONOUNCED DEAD [Hour]: AT 1:27 A. M

25a. BURIAL, CREMATION, REMOVAL [Specify]: Removal	25b. DATE: 5/14/81	25c. NAME OF CEMETERY OR CREMATORY: Dunbar Cemetery	
25d. LOCATION [City, town, or county]: Emory, Texas	[State]	26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Jerome J. Crane for A Brewer	
27a. REGISTRAR'S FILE NO.: 3973	27b. DATE REC'D BY LOCAL REGISTRAR: MAY 13 1981	27c. SIGNATURE OF LOCAL REGISTRAR: Johnnie P. Willis	