TEXAS DEPARTMENT OF HEALTH
REC'D DEC 4 1979
BUREAU OF VITAL STATISTICS

STATE OF TEXAS 05712-1 05712 **CERTIFICATE OF DEATH** E968:2 STATE FILE NO. **93419**

1. PLACE OF DEATH a. COUNTY: Dallas	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Texas b. COUNTY: Dallas
b. CITY OR TOWN (If outside city limits, give precinct no.): Balch Springs c. LENGTH OF STAY in 1 b.	c. CITY OR TOWN (If outside city limits, give precinct no.): Balch Springs
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 11015 Lake June	d. STREET ADDRESS (If rural, give location): 11015 Lake Jane
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]	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: Janie (b) Middle: Louise (c) Last: Ingram	4. DATE OF DEATH: Found Dead On October 9, 1979 at 5:10p
5. SEX: Female	6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [ ] Divorced [X]	8. DATE OF BIRTH: 10/29/28
9. AGE (In years last birthday): 50	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): Produce	10b. KIND OF BUSINESS OR INDUSTRY: Safeway
11. BIRTHPLACE (State or foreign country): Dallas, Texas	12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Roy H. Clowers	14. MOTHER'S MAIDEN NAME: Ruth V. Davison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 457-34-8123
	17. INFORMANT: James E. Clowers James E. Clowers

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MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cranio-cerebral trauma — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

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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 [X] NO [ ]

20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
[ ]	[ ]	[X]	Beaten by unknown assailant

20c. TIME OF INJURY	Hour	Month	Day	Year
UNKNOWN	a.m. p.m.	10	unk	79

20d. INJURY OCCURRED	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Residence	Balch Springs	Dallas	Texas

21. I hereby certify that I attended the deceased from Inquest Held 10/10 19 79 to _____ 19____ and last saw the deceased alive on _____ 19____ Death occurred at XXXXXXXXX m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
T.F. Gilchrist, M.D. Medical Examiner	P.O. Box 35728 Dallas, Tx 75235	10/10/79

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
Burial	10/12/79	Grove Hill Cemetery
23d. LOCATION (City, town, or county)	(State)	24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
Dallas	Texas	2615 S. Buckner, Dallas, TX Dudley M. Hughes Funeral Company
25a. REGISTRAR'S FILE NO.	25b. DATE REC'D BY LOCAL REGISTRAR	25c. REGISTRAR'S SIGNATURE
325	10-19-79	Frank Berry Jr

VS-112, REV. 1/58

2276-79-1176