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STATE OF TEXAS 06801-1 06801 CERTIFICATE OF DEATH E926 X 49 STATE FILE NO. 42448

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Ector
b. CITY OR TOWN (If outside city limits, give precinct no.): Odessa
c. LENGTH OF STAY in I b.: 10 Mos
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION: 1425 East 8th
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: Ector
c. CITY OR TOWN (If outside city limits, give precinct no.): Odessa
d. STREET ADDRESS (If rural, give location): 1409 Parker Drive
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: Ray (c) Last: McKibben

4. DATE OF DEATH: May 27, 1964

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: Nov. 1, 1928

9. AGE (In years last birthday): 35

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): Store Manager

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Boren C. McKibben

14. MOTHER'S MAIDEN NAME: Minnie Gillentine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: 450-36-0728

17. INFORMANT: Mrs. Marie McKibben

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Self Inflicted Gun Shot Wound — INTERVAL BETWEEN ONSET AND DEATH: none
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Gun Shot Wound
DUE TO (c): Gun Shot Wound

TEXAS DEPARTMENT OF HEALTH
REC'D AUG 3 1964
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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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ] Unknown

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.): Shot In Head With 12 Gage Shot Gun

20c. TIME OF INJURY: Hour a.m. p.m. / Month / Day / Year

20d. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): 1425 E, 8th

20f. CITY, TOWN, OR LOCATION: Odessa COUNTY: Ector STATE: Texas

21. I hereby certify that I attended the deceased from ~~5-27~~ 5-27, 1964 to 5-27, 1964 and last saw the deceased alive on ____, 19____. Death occurred at 8:30 A m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. P. Robinson C.P. Robinson (Degree or title): Coroner

22b. ADDRESS: Room 212 Courthouse

22c. DATE SIGNED: 6-1-64

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: May 29, 1964

23c. NAME OF CEMETERY OR CREMATORY: Sand Flat Cemetery

23d. LOCATION (City, town, or county): Van (State): Texas

24. FUNERAL DIRECTOR'S SIGNATURE: Rogers-Riggs Funeral Home, Inc. By: Hal L. Smith

25a. REGISTRAR'S FILE NO.: 285

25b. DATE REC'D BY LOCAL REGISTRAR: 6-1-64

25c. REGISTRAR'S SIGNATURE: C.P. Robinson C. P. Robinson

VS-112. REV. 1/58