STATE OF TEXAS 057-01-2 057-12 CERTIFICATE OF DEATH 7557 STATE FILE NO. 91778

TEXAS DEPARTMENT OF HEALTH RESOURCES — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside city limits, give precinct no.): Dallas
c. LENGTH OF STAY in this place: —
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Parkland Memorial Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES XX NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Texas
b. COUNTY: Dallas
c. CITY OR TOWN (If outside city limits, give precinct no.): Balch Springs
d. STREET ADDRESS (If rural, give location): 3209 Nevada Lane
e. IS RESIDENCE INSIDE CITY LIMITS? YES XX NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO XX

3. NAME OF DECEASED (Type or print): (a) First: Weldon (b) Middle: Ray (c) Last: Green

4. DATE OF DEATH: December 1, 1978

5. SEX: Male

6. COLOR OR RACE: White

7. Married XX Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-28-1935

9. AGE (In years last birthday): 43

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): Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Film Laboratory

11. BIRTHPLACE (State or foreign country): Pittsburg, Texas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Ollie F. Green

14. MOTHER'S MAIDEN NAME: Faye Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 8-6-42-8-5-62

16. SOCIAL SECURITY NO.: 458 54 9280

17. INFORMANT: Essie Green- Wife

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): Gunshot wound, right temple
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
INTERVAL BETWEEN ONSET AND DEATH: —

TEXAS DEPARTMENT OF HEALTH
REC'D JAN 10 1979
BUREAU OF VITAL STATISTICS

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

20a. ACCIDENT ☐ **SUICIDE** XX **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.): Self-inflicted gunshot wound

20c. TIME OF INJURY: Hour: 6:55 a.m. p.m. Month: 12 Day: 1 Year: 78

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK XX

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): Residence (driveway)

20f. CITY, TOWN, OR LOCATION: Balch Springs — COUNTY: Dallas — STATE: Texas

21. I hereby certify that I attended the deceased from Inquest held 12/1/78 to — 19— and last saw the deceased alive on — 19— Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L E Norton, M.D. (Degree or title): Medical Examiner

22b. ADDRESS: P.O.Box 35728 Dallas, Texas 75235

22c. DATE SIGNED: 12/1/78

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

23b. DATE: 12-4-78

23c. NAME OF CEMETERY OR CREMATORY: Salem Cemetery

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

24. FUNERAL DIRECTOR'S SIGNATURE: Anderson-Clayton Bros. J. L. Richardson

25a. REGISTRAR'S FILE NO.: 8776

25b. DATE REC'D BY LOCAL REGISTRAR: DEC 4 - 1978

25c. REGISTRAR'S SIGNATURE: Johnnie P. Willis

VS-112. REV. 1/58

2842-78