PLACE OF DEATH		250-0 / CERTIF	2. USUAL RESIDENCE Where d			rdmission)
. COUNTY WOO	d	The second secon	Texas	b. COU	Wood	
b. CITY OR TOWN (If outside		ct no.) c. LENGTH OF STA	Y c. CITY OR TOWN (If out	side city limits, give precinc	t no.l	THE PERSON
Mineol	a	12 yrs	Mineola			at 12 days on an
d. NAME OF (If not in hospital HOSPITAL OR			d. STREET ADDRESS (If nor			
INSTITUTION 1027	N. Johnson	n St.	1027 N. Joh	nson St.		
. IS PLACE OF DEATH IN			. IS RESIDENCE INSIDE	CITY LIMITS?	f. IS RESIDENCE	ON A FARM?
	YES	X NO 🗆	YES 🖔	NO []	YES	XON _
NAME OF (a) Fi		(b) Middle	(c) Last	4. DATE OF DEATH		3
(Type or print) Willie		Jack	Van Houtian	May 11.	1977	No. of the last of
SEX 6	COLOR OR RACE	7. Married X Never Marrie	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	AR IF UNDER 24 H
Male	White	Widowed [] Divorce	■□ August 5,1929	47	1.1	
06. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR IMPUSTRY during most of working life, even if retired)  Disable Veteran 3. FATHER'S NAME			11. BIRTHPLACE (State or foreig	95. BIRTHPLACE (State or foreign country)  12. CITIZEN  0k1 ahoma  U. S.		
			14. MOTHER'S MAIDEN NAME	14. MOTHER'S MAIDEN NAME		
Hersche1	Van Houtia		Ethel Lee E	dwards		
was DECEASED EVER IN U.	<ol> <li>ARMED FORCES?</li> <li>war or dates of service</li> </ol>	16. SOCIAL SECURITY NO.	17. INFORMANT			
	an War	ACA AC CCCT	1 44 4 44 44			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			Wanda Van Hou	tian, wife		A STATE OF THE PARTY OF THE PAR
	r only one cause per line	464-40-9657 • for (a). (b). and (c).]	Wanda Van Hou	tian, wife		INTERVAL BETWEEN
PART I. DEATH WAS	r only one cause per line	e for (a), (b), end (c). ]	und, self-inflic	9		ONSET AND DEATH
Condition, if any,	TONEY ONE CAUSE PER TON CAUSED BY: IMMEDIATE CAUSE	for (a). (b). and (c).)  E (a). Gunshot Wou  MEALTH RESOURCES	und, self-inflic	9		INTERVAL BETWEEN ONSET AND DEATH IMMEDIAL
Conditions if any, TEXAS DEPAI above cause (a), stating the under- REO Disc. JUN	ONLY ONE CAUSE PER TON CAUSED BY: IMMEDIATE CAUSE PTMENT OF TO 6 1977 UE TO	for (a). (b). and (c).)  E (a) Gunshot Wou  MEALTH RESOURCES	and, self-inflic	cted	N PART I(a)	Immediat
Condition, if any, TEMAS DEPAIR STATE OF DESTRUCTION OF THE OWNER OWNER OF THE OWNER	ONLY ONE CAUSE PER TWO CAUSED BY: IMMEDIATE CAUSE PTMENT OF TO 6 1977 OUE TO OTTAL STATIS	For (a). (b). and (c).)  E (a) Gunshot Wou  MEALTH RESOURCES  O (c)	and, self-inflic	cted  SE CONDITION GIVEN I		Immediat
Conditions, if any, TEXAS DEPAI above cause (s), starting the under- RECODEST. JUN EUREAU OF 20a. ACCIDENT SI	TONLY ONE CAUSE PER IM CAUSED BY: IMMEDIATE CAUSE  THENT OF 16 1977 OUE TO OFFICE HOMICIE	For (a). (b). and (c).)  E (a) Gunshot Wou  MEALTH RESOURCES  O (c)	and, self-inflic	cted  SE CONDITION GIVEN I		Immediat  Immediat  I. WAS AUTOPSY P FORMED?
Condition, if any, TEMAS DEPAIR STATE OF DESTRUCTION OF THE OWNER OWNER OF THE OWNER	ONLY ONE CAUSE PER TWO CAUSED BY: IMMEDIATE CAUSE PTMENT OF TO 6 1977 OUE TO OTTAL STATIS	For (a), (b), and (c).]  E (a) Gunshot Wou  HEALTH RESOURCES  O (c)  TRUST BUTING TO DEATH BUT N  DE 206. DESCRIBE HOW INJURY	and, self-inflic	se condition given to	)	Immediat  Immediat  I. WAS AUTOPSY P FORMED?  YES   NOS
Conditions, if any. TEXAS DEPAIR Stating the under- REOF Diest. JUN EUREAU OF  20e. TIME OF Hour	TONLY ONE COURS PER INC. CAUSED BY: IMMEDIATE CAUSE  THENT OF 10  6 1977 DUE TO  FINAL CSTRATIS  JICIDE HOMICIE  ED []	For (a), (b), and (c).]  E (a) Gunshot Wou  HEALTH RESOURCES  O (c)  TRUST BUTING TO DEATH BUT N  DE 206. DESCRIBE HOW INJURY	ond, self-inflic	se condition given to	)	Inmediat  Immediat  In was autopsy p FORMED?  YES NO
Conditions, if any, TEMAS DEPAIR stating the under- RECODIST. JUN EUREAU OF 1  20e. ACCIDENT SI	TONLY ONE CAUSE PER INC. CAUSED BY: IMMEDIATE CAUSE  THENT OF 16  1977 OUE TO  THAL STATIS  JICIDE HOMICIE  Month Day You	Gunshot Wou  E (a). (b). and (c). ]  E (a). Gunshot Wou  EALTH RESOURCES  (c).  (d).  (d).  (d).  (d).  (e).  (e).	ond, self-inflic	se condition given in Part II of Herm 18	)	Immediat  Immediat  I. WAS AUTOPSY P FORMED?  YES   NOS
Conditions, if any, stating the under PEOPlest. JUN  EUREAU ST.  20a. ACCIDENT SU  20c. TIME OF Hour INJURY  12:25 p.m.  20d. INJURY OCCURRED	TONLY ONE CAUSE PER INC. CAUSED BY: IMMEDIATE CAUSE  THENT OF 16  6 1977 DUE TO  FINAL CONDITION  MONTH Day YOU  STORY OF A CE OF IN.	For (a). (b), and (c).]  E (a). Gunshot Wou  HEALTH RESOURCES  (c).  (d).  (d).  (e).  (e)	ond, self-inflic	se condition given in Part II of Herm 18	shotqu	Immediat  Immediat  I. WAS AUTOPSY P FORMED?  YES   NOS
Conditions, if any, stating the under PEOPlest. JUN  EUREAU OF  20a. ACCIDENT SU  20a. ACCIDENT SU  12:25 p.m.  20d. INJURY OCCURRED	TONLY ONE CAUSE PER INC. CAUSED BY: IMMEDIATE CAUSE  THENT OF 16  6 1977 DUE TO  FINAL CONDITION  MONTH Day YOU  STORY OF A CE OF IN.	For (a). (b), and (c).]  E (a). Gunshot Wou  HEALTH RESOURCES  (c).  (d).  (d).  (e).  (e)	ond, self-inflic	se condition given is 20 gauge	shotqu	Inmediat  Immediat  I. WAS AUTOPSY P FORMED? YES NOT
Conditions, if any, stating the under PEOPlest. JUN  EUREAU OF  20e. ACCIDENT SU  20e. TIME OF Hour INJURY  12:25 p.m.  20d. INJURY OCCURRED  WHILE AT INT WORK E	TONLY ONE CAUSE PER INC. CAUSED BY: IMMEDIATE CAUSE  THENT OF TO  6 1977 DUE TO  FINAL CONDITIONS  JICIDE HOMICIE  Month Day You  5 11 7 20. PLACE CF IN. street, office by  At his 1	For (a). (b). and (c).]  E (a). Gunshot Wou  EALTH RESOURCES  (c).  TOUS BUTING TO DEATH BUT N  DE 206. DESCRIBE HOW INJURY Subject sho  ear  7  JURY (e.g., in or about home, farm, fac- ilding, etc.)  home, 1027 N.	or RELATED TO THE TERMINAL DISEASE  Y OCCURRED. (Enter nature of injury in Port himself with  thory.) 20f. CITY. TOWN, OR LOCATION  Johnson St. Mine	se condition given is 20 gauge  N count eola Woo	shotqur	Inmediat  Immediat  I.e. Was autopsy P FORMED? YES NOS
Conditions if any. TEMAS DEPAIR Shows cause (a). Starting the under- REO Diest. JUN  EUREAU OF.  20e. ACCIDENT SU  20e. TIME OF Hour INJURY 12:25 p.m. 20d. INJURY OCCURRED  WORK OF HOUR WHILE BY  AT WORK	TONLY ONE CAUSE PER INC. CAUSED BY: IMMEDIATE CAUSE  THENT OF TO  6 1977 DUE TO  FINAL CONDITIONS  JICIDE HOMICIE  Month Day You  5 11 7 20. PLACE CF IN. street, office by  At his 1	For (a). (b), and (c).]  E (a). Gunshot Wou  HEALTH RESOURCES  (c).  (d).  (d).  (e).  (e)	or RELATED TO THE TERMINAL DISEASE  Y OCCURRED. (Enter nature of injury in Pot himself with  tory.) 20f. CRY, TOWN, OR LOCATION Johnson St. Mine	se condition given is 20 qauge  N count eola Woo	shotqur	Immediat  Immediat  Io. WAS AUTOPSY P FORMED? YES NOS
Conditions, if any, TENGAS DEPAIR SURFACE COLUMN STATE OF HOUT INJURY 12:25 pm.  20d. INJURY OCCURRED  WHILE AT AT WORK BE 21. I hereby certify, that I 1988	TONLY ONE CAUSE PER INC. CAUSED BY: IMMEDIATE CAUSE  THENT OF TO  6 1977 DUE TO  FINAL CONDITIONS  JICIDE HOMICIE  Month Day You  5 11 7 20. PLACE CF IN. street, office by  At his 1	For (a). (b), and (c).]  E (a). Gunshot Would HEALTH RESOURCES  (c). (c). (c). (c). (c). (c). (c). (c).	or RELATED TO THE TERMINAL DISEASE  Y OCCURRED. (Enter nature of injury in Pot himself with  tory.) 20f. CRTY. TOWN, OR LOCATION Johnson St. Mine	se condition given is 20 qauge  N count eola Woo	shotqur	Inmediat  Immediat  In. WAS AUTOPSY P FORMED? YES NOT  STATE  Texas  EXECUTION THE COURSE STATE  22c. DATE SIGNED
Conditions, if any, stating the under PEOPlest. JUN  20a. ACCIDENT SU  20a. ACCIDENT SU  20a. TIME OF Hour INJURY 27E  12:25 p.m.  20d. INJURY OCCURRED  WHILE AT IN ACT WORK ET  1. I hereby certify that I JUNE  MAY I	TONLY ONE CAUSE PER INC. CAUSED BY: IMMEDIATE CAUSE  THENT OF TO  6 1977 DUE TO  FINAL CONDITIONS  JICIDE HOMICIE  Month Day You  5 11 7 20. PLACE CF IN. street, office by  At his 1	For (a). (b), and (c).]  E (a). Gunshot Wou  HEALTH RESOURCES  (c).  (d).  (d).  (e).  (d).  (e).  (d).  (e).  (e)	r OCCURRED. (Enter nature of injury in Pot himself with  tory. 20f. CITY. TOWN, OR LOCATIOn  Johnson St. Mine  19 to Held  112:25 P.m. on the date	se condition given is eart i or Part II of Item 18 20 gauge  N count eola Woo Inchest e stated above, and to the	shotqur  od Co.	Inmediat  Immediat  In Was Autopsy P FORMED? YES NOS  STATE  Texas  George Annocation of the causes state  Term of the causes state  Texas
Conditions, if any, TEMAS DEPAIR BOOK Calast (a), starting the under REO Diest. JUN 20a. ACCIDENT SU 20a. ACCIDENT SU 20a. ACCIDENT SU 20a. INJURY 212:25 p.m. 20d. INJURY OCCURRED WHILE AT WORK 21. Thereby certify that I 100 May 12a. SIGNATURE	TONLY ONE CAUSE PER INC.  CAUSED BY:  IMMEDIATE CAUSE  THENT OF the  6 1977 OUT TO  THAL STATIS  JICIDE HOMICIE  Month Day You  5 11 7:  20e. PLACE CF IN.  Street, office bu  At his incompage.	For (a). (b), and (c).]  E (a). Gunshot Would Health RESOURCES  O (c).  TRUST BUTING TO DEATH BUT N  DE 206. DESCRIBE HOW INJURY  Subject sho ear  7.  19.77. Approx.  19.77. Death occurre (Degree or fitte)	or RELATED TO THE TERMINAL DISEASE  Y OCCURRED. Enter nature of injury in Pot himself with  tory. 20f. CRY. TOWN. OR LOCATION Johnson St. Mine  19 to Held dat 12:25 P.m. on the date	SE CONDITION GIVEN II Part I or Part II of Item I8 20 qauge  N COUNT COLA WOOL Incruest Stated above, and to the	shotqur  od Co.	Inmediat  Immediat  In. WAS AUTOPSY P FORMED? YES NOT  STATE  Texas  EXECUTION THE COURSE STATE  22c. DATE SIGNED
Conditions, if any, stating the under PEOPlest. JUN  20a. ACCIDENT SU  20a. ACCIDENT SU  20a. ACCIDENT SU  20a. INJURY OCCURRED  WHILE AT AT WORK EN  21.  I hereby certify that I JUNE  AND MAY  22a. SIGNATURE  2a. BURIAL, CREMATION, REMARKATION, REMARK	TONLY ONE CAUSE PER INC.  CAUSED BY:  IMMEDIATE CAUSE  THENT OF the  6 1977 OUT TO  THAL STATIS  JICIDE HOMICIE  Month Day You  5 11 7:  20e. PLACE CF IN.  Street, office bu  At his incompage.	For (a). (b), and (c).]  E (a). Gunshot Wou  HEALTH RESOURCES  (c). CONSUBUTING TO DEATH BUT N  DE 20b. DESCRIBE HOW INJURY  Subject sho  ear  7  UNRY (e.g., in or about home, farm, fac- pidding, etc.)  10.27 N.  19.77 Death occurre  (Degree or field)  J. P.  23b. DATE	r OCCURRED. (Enter nature of injury in Pot himself with  tory. 20f. CITY. TOWN, OR LOCATION Johnson St. Mine 19 to Held. 22b. ADDRESS 110 Commerce, 23c. NAME OF CEMETERY OR	se condition given is 20 qauge  Count Coun	shotqur  od Co.  19	Inmediat  Immediat  In. WAS AUTOPSY P FORMED? YES NOS  STATE  Texas  Geo. from the causes sta  22c. DATE SIGNED  5-12-77
Conditions, if any, TENAN DEPAIR DEPA	TONLY ONE CAUSE PER INC.  CAUSED BY:  IMMEDIATE CAUSE  THENT OF the  6 1977 OUT TO  THAL STATIS  JICIDE HOMICIE  Month Day You  5 11 7:  20e. PLACE CF IN.  Street, office bu  At his incompage.	For (a). (b). and (c).]  E (a). Gunshot Wou  MEALTH RESOURCES  DE 206. DESCRIBE HOW INJURY Subject sho  Part of the country of	or RELATED TO THE TERMINAL DISEASE  Y OCCURRED. Enter nature of injury in Prot himself with  tory. 20f. CITY. TOWN, OR LOCATION  Johnson St. Mine  19 to Held  22b. ADDRESS  110 Commerce,	se condition given is 20 qauge  Count Coun	shotqur  od Co.  19	Inmediat  Immediat  In. WAS AUTOPSY P FORMED? YES NOS  STATE  Texas  Geo. from the causes sta  22c. DATE SIGNED  5-12-77
Conditions, if any, The Conditions, if any, The Conditions, if any, The Conditions of the under Stating the United Stating the United Stating the United Stating the Stating t	TONLY ONE CAUSE PER INC.  CAUSED BY:  IMMEDIATE CAUSE  THENT OF TO  1977 OUT TO  THAL STATIS  JICIDE HOMICIE  Month Day You  STREET, office bu  At his  COVAL (Specify)  Warn, or county)	For (a). (b), and (c).]  E (a). Gunshot Would the Company of the C	r OCCURRED. (Enter nature of injury in Pot himself with  tory. 20f. CITY. TOWN, OR LOCATION Johnson St. Mine 19 to Held 22b. ADDRESS 110 Commerce, 23c. NAME OF CEMETERY OR Sand Springs	se condition given is 20 qauge  Count Coun	shotqur  od Co.  19	Inmediat  Immediat  In. WAS AUTOPSY P FORMED? YES NOT  STATE  Texas  EXECUTION THE COURSE STATE  22c. DATE SIGNED