

1. PLACE OF DEATH a. COUNTY Wood		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas		b. COUNTY Wood	
b. CITY OR TOWN (If outside city limits, give precinct no.) Mineola		c. LENGTH OF STAY in 1 b. 12 yrs		c. CITY OR TOWN (If outside city limits, give precinct no.) Mineola	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 1027 N. Johnson St.		d. STREET ADDRESS (If rural, give location) 1027 N. Johnson St.			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First Willie (b) Middle Jack (c) Last Van Houtian			4. DATE OF DEATH May 11, 1977		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH August 5, 1929	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disable		10b. KIND OF BUSINESS OR INDUSTRY Veteran		11. BIRTHPLACE (State or foreign country) Oklahoma	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME Herschel Van Houtian		
14. MOTHER'S MAIDEN NAME Ethel Lee Edwards			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean War		
16. SOCIAL SECURITY NO. 464-40-9657		17. INFORMANT Wanda Van Houtian, wife			
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, self-inflicted					INTERVAL BETWEEN ONSET AND DEATH Immediate
<div style="border: 1px solid black; padding: 5px;"> Conditions, if any, above cause (a), stating the underlying last. TEXAS DEPARTMENT OF HEALTH RESOURCES REC'D JUN 6 1977 DUE TO (c) BUREAU OF VITAL STATISTICS </div>					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Subject shot himself with 20 gauge shotgun			
20c. TIME OF INJURY Hour 12:25 ³⁰ _{p.m.} Month 5 Day 11 Year 77		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> At his home, 1027 N. Johnson St. Mineola Wood Co. Texas			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I hereby certify that I am a Physician on May 11 , 19 77 Approx. 12:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated, Death occurred at Held Inquest 19 77					
22a. SIGNATURE <i>E.A. Rayner</i>		22b. ADDRESS J.P. 110 Commerce, Mineola, Texas		22c. DATE SIGNED 5-12-77	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 14, 1977		23c. NAME OF CEMETERY OR CREMATORY Sand Springs Cemetery	
23d. LOCATION (City, town, or county) Wood County Texas		24. FUNERAL DIRECTOR'S SIGNATURE <i>James M. Burkett</i> #4582			
25a. REGISTRAR'S FILE NO. 38		25b. DATE REC'D BY LOCAL REGISTRAR May 12, 1977		25c. REGISTRAR'S SIGNATURE <i>E.A. Rayner</i>	

SPOUSE - Wanda Van Houtian
 37

TEXAS DEPARTMENT OF HEALTH RESOURCES - BUREAU OF VITAL STATISTICS

VS-112, REV. 1/58