

107-041 10901

19651

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO

63723

Texas Department of Health - BUREAU OF VITAL STATISTICS

1 NAME OF DECEASED [Type or print] James Wayne Beard			2 SEX Male	3 DATE OF DEATH 8-2-1980	
4 RACE Caucasian	5a WAS THE DECEDENT OF SPANISH ORIGIN? NO	5b IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. -----	6 DATE OF BIRTH 4-3-51	7 AGE [In years last birthday] 29	IF UNDER 1 YEAR Months Days Hours Minutes
8a PLACE OF DEATH - COUNTY Henderson		8b CITY OR TOWN [If outside city limits, give precinct no.] Athens	8c NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION 406 West Tyler Street		8d INSIDE CITY LIMITS? Yes
9 MARRIED NEVER MARRIED, WIDOWED, DIVORCED [Specify] Married	10 BIRTHPLACE [State or foreign country] Texas	11 CITIZEN OF WHAT COUNTRY? U.S.A.	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? No	13 SURVIVING SPOUSE [If wife, give maiden name] Donna Everett	
14 SOCIAL SECURITY NO L61-90-8604		15a USUAL OCCUPATION [Give kind of work done during most of working life, even if retired] Construction Worker	15b KIND OF BUSINESS OR INDUSTRY Wilmer Smith Co.		
16a RESIDENCE - STATE Texas	16b COUNTY Henderson	16c CITY OR TOWN [If outside city limits, show rural] Athens	16d STREET ADDRESS [If rural, give location] 406 West Tyler	16e INSIDE CITY LIMITS? Yes	
17 FATHER'S NAME O.J. Beard		18 MOTHER'S MAIDEN NAME Agnes Hudson		19 SIGNATURE OF INFORMANT <i>Christy Lynn Beard</i> TB	
20 PART IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)] Conditions, if any, which gave rise to immediate cause stating the underlying cause last	(a) Hemorrhage due to gunshot wound in abdomen				Interval between onset and death
	(b) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death
	(c) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					21 AUTOPSY? Yes
22a ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST [Specify] Homicide		22b DATE OF INJURY [Mo, Day, Yr] 8-2-80	22c HOUR OF INJURY 10:05 A. M	22d DESCRIBE HOW INJURY OCCURRED Victim struck in abdomen by shotgun blast	
22e INJURY AT WORK [Specify yes or no] No		22f PLACE OF INJURY - At home, farm, street, factory, office building, etc. [Specify] Home		22g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 406 West Tyler, Athens, Texas	
CERTIFIER To be completed by CERTIFYING PHYSICIAN	23a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title]			23b [Signature and Title]	
	23c DATE SIGNED [Mo, Day, Yr] SEP 12 1980			23d HOUR OF DEATH 10:31 A. M	
	23e BUREAU OF VITAL STATISTICS			23f [Signature and Title] <i>Raymond W. Starnes, Jr., M.D.</i>	
24a On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title]			24b DATE SIGNED [Mo, Day, Yr] 8-12-80		24c HOUR OF DEATH 10:31 A. M
24d PRONOUNCED DEAD [Mo, Day, Yr] ON 8-2-80			24e PRONOUNCED DEAD [Hour] AT 10:50 A. M		
25a BURIAL, CREMATION, REMOVAL [Specify] Burial		25b DATE 8-4-1980		25c NAME OF CEMETERY OR CREMATORY Chinquapin Cemetery	
25d LOCATION [City, town, or county] [State] Van Zandt County, Texas		26 SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Thomas L. Brown</i> Foster & Brown; Thomas L. Brown; 6223			
27a REGISTRAR'S FILE NO 147		27b DATE REC'D BY LOCAL REGISTRAR 8-18-80		27c SIGNATURE OF LOCAL REGISTRAR <i>Jance Whalley</i>	

VS-112, REV. 1/80