

212702-21210

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF TEXAS
CERTIFICATE OF DEATH

8976049
STATE FILE NO. 51794

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY Smith		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Smith	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Tyler		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Tyler	
d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center Hospital		d. STREET ADDRESS (If rural, give location) 1018 N. Carlyle	
3. NAME OF DECEASED a. (First) Mr. Leland b. (Middle) (Jack) c. (Last) Hoyet Hendrix			4. DATE OF DEATH October 31, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH October 17, 1931
9. AGE 23 YEARS 0 MONTHS 14 DAYS		IF UNDER 24 HRS. 14 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glazer for Henderson Glass Company		10b. KIND OF BUSINESS OR INDUSTRY Glass Company	
11. BIRTHPLACE (State or foreign country) Grand Saline, Texas		12. FATHER'S NAME Mike Hendrix BIRTHPLACE Texas	
13. MOTHER'S MAIDEN NAME Sadie Mae Buck BIRTHPLACE Texas		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Unknown	
15. SOCIAL SECURITY NO. unknown		16. INFORMANT'S SIGNATURE <i>Henry C. Arker</i>	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of head INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs. ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TEXAS DEPARTMENT OF HEALTH REC'D NOV 10 1954 BUREAU OF VITAL STATISTICS	
20a. ACCIDENT (Specify) SUICIDE HOMICIDE	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 - 31 - 54 1:30 a.m.	20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. HOW DID INJURY OCCUR? Shot with pistol	
21. I hereby certify that I attended the deceased from 10-31 , 1954, to 10-31 , 1954, that I last saw the deceased alive on 10-31 , 1954, and that death occurred at 4:10A m., from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <i>A. L. Marshall M.D.</i>		22b. ADDRESS Tyler, Texas	22c. DATE SIGNED 11-3-54
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE November 3, 1954	23c. NAME OF CEMETERY OR CREMATORY Providence Cemetery
23d. LOCATION (City, town, or county) (State) Van Zandt County, Texas		24. FUNERAL DIRECTOR'S SIGNATURE <i>Joe Mercer #1227</i>	
25a. REGISTRAR'S FILE NO. 319	25b. DATE REC'D BY LOCAL REGISTRAR 11-3-1954	25c. REGISTRAR'S SIGNATURE <i>H. R. Ross, M.D. J. Davidson, Deputy</i>	

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