STATE OF TEXAS 212-01-1 212-01 CERTIFICATE OF DEATH E955X STATE FILE NO. 64527

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 OR TOWN (If outside city limits, give precinct no.) Tyler
c. LENGTH OF STAY in this place 25 Yrs.
c. CITY OR TOWN (If outside city limits, give precinct no.) Tyler

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1608 Mockingbird Lane
d. STREET ADDRESS (If rural, give location) 1608 Mockingbird Lane

e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (Type or print) (a) First Donald (b) Middle Ray (c) Last Claybon
4. DATE OF DEATH 8-4-78

5. SEX Male
6. COLOR OR RACE Black
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 2-4-1935
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) Assistant Director
10b. KIND OF BUSINESS OR INDUSTRY Boy Scouts
11. BIRTHPLACE (State or foreign country) Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Zelma D. Claybon
14. MOTHER'S MAIDEN NAME Frances Charlton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 439-46-4660
17. INFORMANT John D Claybon

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gun shot wound of head, with massive brain damage
Conditions, if any, which gave rise to (a), stating the underlying cause last. DUE TO (b) Self-infliction
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

TEXAS DEPARTMENT OF HEALTH
REC'D SEP 13 1978
BUREAU OF VITAL STATISTICS

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Apparently deceased beat wife to death, then shot himself in head with 38 calibre pistol.
20c. TIME OF INJURY Hour 9:25 a.m. Month 8- Day 4- Year 78
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) At home 1608 Mockingbird
20f. CITY, TOWN, OR LOCATION Lane. Tyler, COUNTY Smith, STATE Texas

21. I hereby certify that I attended the deceased from At time of inquest to 8-4- 19 78 on 19 ; death occurred at 9:25 A.m. on the date stated above, and to the best of my knowledge, from the causes stated

22a. SIGNATURE James M. Cashion (Degree or title) J.P.
22b. ADDRESS Route 1, Box 325, Tyler, Texas
22c. DATE SIGNED 8-12-78

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-9-78
23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery
23d. LOCATION (City, town, or county) Lufkin (State) Texas
24. FUNERAL DIRECTOR'S SIGNATURE Brooks-Sterling Funeral Home 6755 Roselle D. James

25a. REGISTRAR'S FILE NO. 792
25b. DATE REC'D BY LOCAL REGISTRAR August 14, 1978
25c. REGISTRAR'S SIGNATURE Herbert L. Walker, Jr. M.D.

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS — MEDICAL CERTIFICATION
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