

STATE OF TEXAS

## CERTIFICATE OF DEATH

STATE FILE NO.

03551

Texas Department of Health — BUREAU OF VITAL STATISTICS

1. NAME OF DECEASED (Type or print)			[a] First	[b] Middle	[c] Last	2. SEX	3. DATE OF DEATH		
KENNETH			EARL	NOTES		MALE	January 18, 1980		
4. RACE	5a. WAS THE DECEDENT OF SPANISH ORIGIN?	5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		6. DATE OF BIRTH	7. AGE [In years last birthday]	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
White	NO			3-20-1945	34	Months Days		Hours Minutes	
8a. PLACE OF DEATH — COUNTY			8b. CITY OR TOWN [If outside city limits, give precinct no.]		8c. NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION			8d. INSIDE CITY LIMITS?	
Tarrant			Fort Worth		2221 Huntington			yes	
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED [Specify]		10. BIRTHPLACE [State or foreign country]	11. CITIZEN OF WHAT COUNTRY?		12. WAS DECEDENT EVER IN U.S. ARMED FORCES?		13. SURVIVING SPOUSE [If wife, give maiden name]		
MARRIED		TEXAS	U.S.A.		NO		HATTIE JIM DYCUS		
14. SOCIAL SECURITY NO		15a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired]			15b. KIND OF BUSINESS OR INDUSTRY				
459-70-3858		SALES MANAGER			SNOW CORPORATION				
16a. RESIDENCE — STATE	16b. COUNTY	16c. CITY OR TOWN [If outside city limits, show rural]		16d. STREET ADDRESS [If rural, give location]			16e. INSIDE CITY LIMITS?		
TEXAS	TARRANT	FORT WORTH		2221 HUNTINGTON			YES		
17. FATHER'S NAME			18. MOTHER'S MAIDEN NAME			19. SIGNATURE OF INFORMANT			
CLARENCE EARL NOTES			MAE DELL BROWN			FUNERAL HOME RECORDS			
20. PART I		IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)]						Interval between onset and death	
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		(a) MASSIVE LEFT HEMOTHORAX						Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
		(b) RUPTURE OF LEFT UPPER PULMONARY LOBE						Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
		(c) GUNSHOT INJURY						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]		22b. DATE OF INJURY [Mo., Day, Yr.]	22c. HOUR OF INJURY	22d. DESCRIBE HOW INJURY OCCURRED					
SUICIDE		1-18-80	2:45 PM M	Self inflicted gunshot wound					
22e. INJURY AT WORK [Specify yes or no]		22f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. [Specify]		22g. LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN	STATE
no		Home		2221 Huntington		Fort Worth		Texas	
CERTIFIER To be completed by CERTIFYING PHYSICIAN only	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]		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]						
			Chief Medical Examiner, Tarrant County						
			17 Steerwain up, N.S. Peerwani, M.D.						
	23b. DATE SIGNED [Mo., Day, Yr.]		23c. HOUR OF DEATH		24b. DATE SIGNED [Mo., Day, Yr.]		24c. HOUR OF DEATH		
		REC'D FEB 13 1980		January 19, 1980		After 2:30 PM M			
23d. NAME OF ATTENDING PHYSICIAN [Type or print]		24d. PRONOUNCED DEAD [Mo., Day, Year]		24e. PRONOUNCED DEAD [Hour]					
		ON 1-18-80		AT 7:00 PM M					
25a. BURIAL, CREMATION, REMOVAL [Specify]		25b. DATE		25c. NAME OF CEMETERY OR CREMATORY					
REMOVAL-BURIAL		1-20-1980		PILGRAM REST #2					
25d. LOCATION [City, town, or county]		[State]		26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH					
WOOD COUNTY		TEXAS		HARVESON AND COLE					
27a. REGISTRAR'S FILE NO		27b. DATE		27c. SIGNATURE OF LOCAL REGISTRAR					
153		JAN 28 1980		Geraldine L. Harris					

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