

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Dallas	
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. CITY OR TOWN (If outside city limits, give precinct no.) 6703 Lovett Dallas	
c. LENGTH OF STAY in 1 b. 7 years		d. STREET ADDRESS (If rural, give location) 6703 Lovett	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION D O A Parkland		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH 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 Betty (b) Middle Sue, (c) Last Temple		4. DATE OF DEATH April 22, 1966	
5. SEX Female	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 Jan. 25, 1942
9. AGE (In years last birthday) 24		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Grady County, Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert Lee Willoughby		14. MOTHER'S MAIDEN NAME Beulah May Baughman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Beulah May Baughman Willoughby</i>			
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 of the head Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury, Part I or II of title) See Above	
20c. TIME OF DEATH Found 6:15 p.m. 4-22-66		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) home		20f. CITY, TOWN, OR LOCATION Dallas Dallas Texas	
21. I hereby certify that I attended the deceased from an inquest was held and was pronounced dead at XXXXXX on 4-23-66 at 7:45 PM m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS 410 South Beckley	
22c. DATE SIGNED April 22, 1966			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE April 23, 1966	
23c. NAME OF CEMETERY OR CREMATORY Cana Cemetery		24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
23d. LOCATION (City, town, or county) (State) Canton, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Sparkman's Inc. 2115 Ross Ave.	
25a. REGISTRAR'S FILE NO. 2719		25b. DATE REC'D BY LOCAL REGISTRAR MAY 1 - 1966	
25c. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

976

VS-12, REV. 1/58

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TEXAS DEPARTMENT OF HEALTH
 REC'D JUN 9 1966
 BUREAU OF VITAL STATISTICS