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STATE OF TEXAS 057 01-2 220-03 CERTIFICATE OF DEATH E9192 STATE FILE NO. 80275

1 44 0

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
Garvis	Lavarh	Avants	Male	September 28, 1982

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: Months, Days	IF UNDER 24 HRS: Hours, Minutes
White	No	No	6-8-1962	20		

8a. PLACE OF DEATH — COUNTY	8b. CITY OR TOWN [If outside city limits, give precinct no.]	8c. NAME OF HOSPITAL OR INSTITUTION [If not in hospital, give street address]	8d. INSIDE CITY LIMITS?
Dallas	Dallas	ER Parkland Memorial Hosp.	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	USA	No	Holli McMullin

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
467-15-5983	Warehouse Clerk	Engine Rebuilding

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	Haltom City	5409 Sabelle	Yes

17. FATHER'S NAME	18. MOTHER'S MAIDEN NAME	19. SIGNATURE OF INFORMANT
Marvin Lee Avants	Patricia Janell Smith	Allen Gillin

2435-82-1264

CAUSE OF DEATH

20. PART I — Conditions, if any, which gave rise to immediate cause stating the underlying cause last

IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)]

(a) Multiple Injuries — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) — 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
Accident	9/28/82	8:00 A. M	Forklift rolled off loading dock and fell on deceased.

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
Yes	warehouse	3420 Wiley Post Rd.	Carrollton,	TX

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]

TEXAS DEPARTMENT OF HEALTH REC'D NOV 18 1982 BUREAU OF VITAL STATISTICS

23b. DATE SIGNED [Mo., Day, Yr.] 23c. HOUR OF DEATH M

23d. NAME OF ATTENDING PHYSICIAN [Type or print]

To be completed by MEDICAL EXAMINER or CORONER only

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]

Nina Hollander MD

Nina Hollander, M.D. Medical Examiner

24b. DATE SIGNED [Mo., Day, Yr.]: September 28, 1982

24c. HOUR OF DEATH: A. M

24d. PRONOUNCED DEAD [Mo., Day, Year] ON 9/28/82

24e. PRONOUNCED DEAD [Hour] AT 8:53 A. M

25a. BURIAL, CREMATION, REMOVAL [Specify]	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY
Removal/Burial	9-30-1982	Greenwood Memorial Park

25d. LOCATION [City, town, or county]	[State]	26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
Fort Worth	Texas	Lucas Funeral Home, License #6331

27a. REGISTRAR'S FILE NO.	27b. DATE REC'D BY LOCAL REGISTRAR	27c. SIGNATURE OF LOCAL REGISTRAR
7396	OCT 4 1982	Johnnie P. Willis

VS-112, REV. 1/80

18cc 9/9.2

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