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|---|--|----------------|--|--|--|----------|--|--|--|-------|--|
| STATE OF TEXAS | | 212-01-2 21201 | | CERTIFICATE OF DEATH | | 69229.00 | | STATE FILE NO. | | 55555 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | | | | | |
| a. COUNTY Smith | | | | a. STATE Texas | | | | b. COUNTY Smith | | | |
| b. CITY OR TOWN (If outside city limits, give precinct no.) Tyler | | | | c. LENGTH OF STAY in 1 b. 11 years | | | | c. CITY OR TOWN (If outside city limits, give precinct no.) Tyler | | | |
| d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Medical Center Hospital | | | | d. STREET ADDRESS (If rural, give location) 2613 Chelsea | | | | | | | |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | e. IS RESIDENCE 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) | | | | 4. DATE OF DEATH | | | | | | | |
| (a) First CHRISTOPHER | | | | (b) Middle LEE | | | | (c) Last CREATH | | | |
| 5. SEX Male | | | | 6. COLOR OR RACE White | | | | 7. <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | | |
| 8. DATE OF BIRTH June 9, 1966 | | | | 9. AGE (In years last birthday) 13 | | | | 10. IF UNDER 1 YEAR Months Days Hours Minutes | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | | | | 10b. KIND OF BUSINESS OR INDUSTRY School | | | | 11. BIRTHPLACE (State or foreign country) Texas | | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | 13. FATHER'S NAME Frank Creath | | | | 14. MOTHER'S MAIDEN NAME Carolyn Franks | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. None | | | | 17. INFORMANT Frank Creath - Father | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medulla My Tumor</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>CSW Head</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>5</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | | | | | | | |
| 20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Discol - accidentally discharged | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 20b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | | | 20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Home | | | | 20d. CITY, TOWN, OR LOCATION Tyler | | | |
| 20e. COUNTY Smith | | | | 20f. STATE Texas | | | | | | | |
| 21. I hereby certify that I attended the deceased from <u>6 July 79</u> to <u>14 July 79</u> and last saw the deceased alive on <u>14 July 79</u> . Death occurred at <u>11 45 PM</u> on the date stated above, and to the best of my knowledge, from the cause stated. | | | | 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | | 22b. ADDRESS Tyler, Texas | | | |
| 22c. DATE SIGNED <u>14 July 79</u> | | | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | | | 23b. DATE 7-15- 1979 | | | |
| 23c. NAME OF CEMETERY OR CREMATORY Cathedral in the Pines | | | | 24. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> Lloyd James Funeral Home | | | | 25a. REGISTRAR'S SIGNATURE <u>[Signature]</u> Perfor. Walter J. m.c. | | | |
| 25a. REGISTRAR'S FILE NO. 626 | | | | 25b. DATE REC'D BY LOCAL REGISTRAR July 16, 1979 | | | | | | | |

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BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH

MEDICAL CERTIFICATION

VS-112 REV. 1/58