

Petty

1182

Feb, 1971

## AMENDMENT TO MEDICAL CERTIFICATION OF CERTIFICATE OF DEATH

TEXAS DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

0318-71-0130

PART I. INFORMATION CONCERNING DECEASED AS SHOWN ON ORIGINAL DEATH CERTIFICATE					
NAME OF DECEASED <b>Freddie Curlin</b>				DATE OF DEATH <b>February 14, 1971</b>	
PLACE OF DEATH <b>Dallas, Dallas, Texas</b>				STATE FILE NO. (IF KNOWN) <b>08249</b>	
PART II. MEDICAL CERTIFICATION					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot wound of head</b>					INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>Shot during altercation</b>		
20c. TIME OF INJURY @ <b>11:50</b> p.m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
Hour Month Day Year <b>2 13 71</b>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>home</b>		
			20f. CITY, TOWN, OR LOCATION <b>Dallas Dallas Texas</b>		
21. I hereby certify that I attended the deceased from <b>Inquest held Feb 14, 1971</b> , 19____ and last saw the deceased alive on____, 19____. Death occurred at <b>0015 A</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>X Charles Petty</b>			22b. ADDRESS <b>Chief Medical Examiner P.O. Box 35728 Dallas, Texas</b>		22c. DATE SIGNED <b>3/9/71</b>
PART III. AFFIDAVIT					
STATE OF TEXAS COUNTY OF <b>Dallas</b>					
BEFORE ME ON THIS DAY APPEARED THE PERSON WHO SIGNED THE MEDICAL CERTIFICATION IN PART II ABOVE WHO ON OATH DEPOSES AND SAYS THAT PART II ABOVE IS A TRUE AND CORRECTED STATEMENT OF THE CAUSE(S) OF DEATH OF THE PERSON NAMED IN PART I ABOVE.					
SIGNATURE OF AFFIANT <b>X Charles Petty</b>					
SWORN TO AND SUBSCRIBED BEFORE ME THIS THE <b>9th</b> DAY OF <b>March</b> , 19 <b>71</b>					
NOTARY PUBLIC IN AND FOR <b>Dallas</b> COUNTY, TEXAS					

VS - 174, REV. 1/60