

STATE OF TEXAS

092-01-1-092-01

CERTIFICATE OF DEATH

STATE FILE NO.

58420

1. PLACE OF DEATH a. COUNTY GREGG		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE TEXAS b. COUNTY GREGG	
b. CITY OR TOWN (If outside city limits, give precinct no.) LONGVIEW		c. CITY OR TOWN (If outside city limits, give precinct no.) LONGVIEW	
c. LENGTH OF STAY 6ⁱⁿ YEARS		d. STREET ADDRESS (If rural, give location) 4711 WEST MARSHALL AVENUE	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 4711 WEST MARSHALL AVENUE		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 SALLY UIDA (b) Middle GILBREATH (c) Last COOPER			4. DATE OF DEATH SEPTEMBER 25, 1967
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH DEC. 1, 1921
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months 9 Days 24	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY CLOTHING MANUFACTURING	11. BIRTHPLACE (State or foreign country) QUITMAN, TEXAS
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME HARDY GILBREATH	
14. MOTHER'S MAIDEN NAME GISSIE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Le Roy Cooper Le Roy Cooper (cc)	
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 in left breast 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 (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Gunshot wound in left breast			
20c. TIME OF INJURY Hour 6 p.m. Month 9 Day 25 Year 67			
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.) 4711 West Marshall Ave	20f. CITY, TOWN, OR LOCATION Longview Texas
20g. COUNTY Gregg Texas		20h. STATE Texas	
21. I hereby certify that I attended the deceased from 1967 to 1967 and last saw the deceased alive on 6th m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Henry McQuinn (Degree or title)		22b. ADDRESS Longview Texas	22c. DATE SIGNED 9/26/67
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept, 27, 1967	
23c. NAME OF CEMETERY OR CREMATORY Myrtle Springs Cemetery		23d. FUNERAL DIRECTOR'S SIGNATURE RAIER FUNERAL HOME	
23e. LOCATION (City, town, or county) (State) QUITMAN, WOOD COUNTY, TEXAS		23f. REGISTRAR'S SIGNATURE L. W. Summers	
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR SEP 26 1967	
25c. REGISTRAR'S SIGNATURE			

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58