STATE OF TEXAS 057-01-3 057-01 CERTIFICATE OF DEATH STATE FILE NO. 50645

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside city limits, give precinct no.): Dallas
c. LENGTH OF STAY in I b.: 11 Yrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): DOA Methodist Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Texas
b. COUNTY: Dallas
c. CITY OR TOWN (If outside city limits, give precinct no.): Dallas
d. STREET ADDRESS (If rural, give location): 312 E. 8th. St.
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): (a) First: TRUMAN (b) Middle: (c) Last: MILLER
4. DATE OF DEATH: 8-9-1967
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-17-1919
9. AGE (In years last birthday): 47.
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): Attendant
10b. KIND OF BUSINESS OR INDUSTRY: Service Station
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Samuel Miller
14. MOTHER'S MAIDEN NAME: Allie Osborn
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: Mrs. Margie Lee Miller — Mrs. Margie Lee Miller

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): Gun shot wound to the head self inflicted
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.): See Above
20c. TIME OF INJURY: Hour 10:10 a.m. p.m. Month 8 Day 9 Year 67
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): (Automobile) 312 E. 8th. St.
20f. CITY, TOWN, OR LOCATION: Dallas COUNTY: Dallas STATE: Texas

TEXAS DEPARTMENT OF HEALTH
REC'D SEP 13 1967
BUREAU OF VITAL STATISTICS

21. I hereby certify that I Held Inquest 8-9 1967 Pronounced Dead on 8-9 1967. Death occurred at 10:35 P m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Joe B Brown, Jr. JP
22b. ADDRESS: 410 S. Beckley, Dallas, Texas
22c. DATE SIGNED: 8-10-1967
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-10-1967
23c. NAME OF CEMETERY OR CREMATORY: Falem Cemetery
23d. LOCATION (City, town, or county): Wood Co. (State): Texas
24. FUNERAL DIRECTOR'S SIGNATURE: Chester A. Goodlin
Dudley M. Hughes Funeral Home, Inc. (Jefferson)
25a. REGISTRAR'S FILE NO.: 4661
25b. DATE REC'D BY LOCAL REGISTRAR: AUG 10 1967
25c. REGISTRAR'S SIGNATURE: Maurene Lamm

VS-112, REV. 1/58