

1. PLACE OF DEATH a. COUNTY <b>HARRIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>TEXAS</b> b. COUNTY <b>HARRIS</b>				
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Baytown</b>			c. LENGTH OF STAY in 1 b.			c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Baytown</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>METHODIST HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>111 Timberlane</b>				
e. IS PLACE OF DEATH INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				e. IS RESIDENCE INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		f. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
3. NAME OF DECEASED (Type or print) <b>WINSTON</b>		(a) First		(b) Middle <b>C.</b>		(c) Last <b>JOHNSON</b>		
4. DATE OF DEATH <b>July 21, 1971</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
8. DATE OF BIRTH <b>Dec. 30, 1930</b>		9. AGE (In years last birthday) <b>40</b>		IF UNDER 1 YEAR Months Days Hours Minutes		IF UNDER 24 HRS. Hours Minutes		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanical Engineer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Refinery</b>				
11. BIRTHPLACE (State or foreign country) <b>Houston, Texas</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13. FATHER'S NAME <b>George Dewey Johnson</b>				14. MOTHER'S MAIDEN NAME <b>Lottie Vercher</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		(If yes, give war or dates of service) <b>1951-1954</b>		16. SOCIAL SECURITY NO. <b>453-34-1286</b>		17. INFORMANT <i>X R. G. Johnson</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] <b>IMMEDIATE CAUSE (a) Self inflicted gun shot wound of head</b>							INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>	
CONDITIONS, IF ANY, WHICH GIVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE (b). <b>RECD AUG 13 1971</b> <b>BUREAU OF VITAL STATISTICS</b> 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>						
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>12 guage shot gun injury to the head through the chin, time of injury 10:20 A.M.</b>				20c. TIME OF INJURY <b>10:20 A. 7 21 1971</b>				
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.) <b>at home</b>		20f. CITY, TOWN, OR LOCATION <b>Baytown, Texas 77520</b>		COUNTY STATE		
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____ and last saw the deceased alive on _____, 19____ m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i>				22b. ADDRESS <b>Baytown, Texas 77520</b>		22c. DATE SIGNED <b>7-26-71</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 23, 1971</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Brookside Cemetery</b>				
23d. LOCATION (City, town, or county) <b>Houston</b>		(State) <b>Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>HEIGHTS FUNERAL HOME</b> <i>[Signature]</i> 4298				
25a. REGISTRAR'S FILE NO. <b>185</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>8-5-71</b>		25c. REGISTRAR'S SIGNATURE <i>[Signature]</i>				

REC'D NOV 1 1971  
 BUREAU OF VITAL STATISTICS  
 OCC  
 FREE  
 OCC

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS  
 MEDICAL CERTIFICATION  
 YS-112, REV. 1/58