STATE OF TEXAS 057-01-3 057-01 CERTIFICATE OF DEATH STATE FILE NO. 29735

Pronounced by Dr. Abrahams at Parkland

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 this place: 11 years
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION: DOA Parkland
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES XX 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): 4925 Worth St.
e. IS RESIDENCE INSIDE CITY LIMITS? YES XX NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO XX

3. NAME OF DECEASED (Type or print): (a) First: Gracie (b) Middle: Modene (c) Last: Buckalew

4. DATE OF DEATH: April 19, 1966

5. SEX: Female

6. COLOR OR RACE: White

7. Married XX Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: August 9, 1932

9. AGE (In years last birthday): 33

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Edom, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. C. Clemmons

14. MOTHER'S MAIDEN NAME: Bessie Maude Slayton

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: Roy Clemmons by RWJ

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): Multiple Injuries
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:

TEXAS DEPARTMENT OF HEALTH
RECD JUN 9 1966
BUREAU OF VITAL STATISTICS

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 X

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.): Beaten to death by husband

20c. TIME OF INJURY: Hour 4:30 XXX p.m. Month 4 Day 19 Year 66

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK X

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): home

20f. CITY, TOWN, OR LOCATION: Dallas, Dallas COUNTY: Texas STATE

21. I hereby certify that I XXXXXXXXXXXXXXX an inquest was held 19 April 19, 1966 19 XXXXXXXXXXXXXXX was pronounced dead at 19 XXXXXXXXX 7:32 PM m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joe B. Brown, Jr. (Degree or title): JP

22b. ADDRESS: 410 S. Beckley

22c. DATE SIGNED: 4-19-66

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: April 20, 1966

23c. NAME OF CEMETERY OR CREMATORY: Edom Cemetery

23d. LOCATION (City, town, or county) (State): Edom, Texas

24. FUNERAL DIRECTOR'S SIGNATURE: Sparkman's Inc. 2115 Ross Perry Jones

25a. REGISTRAR'S FILE NO.: 2767

25b. DATE REC'D BY LOCAL REGISTRAR: MAY 3 - 1966

25c. REGISTRAR'S SIGNATURE: Maurine Lashon

VS-112. REV. 1/66