

AMENDMENT TO MEDICAL CERTIFICATION OF CERTIFICATE OF DEATH

TEXAS DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

PART I. INFORMATION CONCERNING DECEASED AS SHOWN ON ORIGINAL DEATH CERTIFICATE			
NAME OF DECEASED ROBERT MONROE NORRIS		DATE OF DEATH September 15, 1974	
PLACE OF DEATH Fort Worth, Tarrant County, Texas		STATE FILE NO. (IF KNOWN) 70009	
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) Overdose of drug (Darvon).			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> FILED DEC 16 1974 BUREAU OF VITAL STATISTICS </div>
	DUE TO (c) _____		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Post mortem decomposition of approximately 2 days duration.		
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.) Incision Found dead with toxicological evidence of 10 times therapeutic dose of drug in body.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Unknown After <input type="checkbox"/> Before <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> 9-12-1974			
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.) 1104 Gounah	20f. CITY, TOWN, OR LOCATION Fort Worth	COUNTY Tarrant
		STATE Texas	
21. I hereby certify that I attended the deceased from INQUEST on September 15, 1974 Found 4:00 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Feliks Gwozdz	(Degree or title) FELIKS GWOZDZ, M.D. CHIEF MEDICAL EXAMINER	22b. ADDRESS 1062 W. MAGNOLIA, FORT WORTH	22c. DATE SIGNED 11-14-74
PART III. AFFIDAVIT			
STATE OF TEXAS			
COUNTY OF Tarrant			
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 Feliks Gwozdz, M.D.	
		SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 13th DAY OF November , 19 74	
		Mary Hanson Pare Mary Hanson Pare NOTARY PUBLIC IN AND FOR Tarrant COUNTY, TEXAS	

VS - 174, REV. 1/60

3051