

STATE OF TEXAS

220-01-2 220-03

CERTIFICATE OF DEATH

STATE FILE NO.

78458

1. PLACE OF DEATH a. COUNTY Tarrant				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Tarrant				
b. CITY OR TOWN (If outside city limits, give precinct no.) Fort Worth			c. LENGTH OF STAY in 1 b. Unknown			c. CITY OR TOWN (If outside city limits, give precinct no.) Haltom City		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION All Saints Episcopal Hospital				d. STREET ADDRESS (If rural, give location) 2004 Wood Lane				
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				e. IS RESIDENCE 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 JAMES (b) Middle MICHAEL (c) Last NEWTON			4. DATE OF DEATH October 18, 1972					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 1, 1953	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Common labor		11. BIRTHPLACE (State or foreign country) Ft. Leonard Wood, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jimmie L. Newton				14. MOTHER'S MAIDEN NAME Neta Foreman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		(If yes, give war or dates of service) Date Unknown		16. SOCIAL SECURITY NO. 459-96-2861		17. INFORMANT Jimmie L. Newton (Father)		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) IMMEDIATE CAUSE (a) Complications of cerebral contusion, DUE TO (b) Gunshot wound, cranium. 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) Evidence of recent craniotomy.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) Found with self inflicted gunshot wound in the head.						
20c. TIME OF INJURY Hour 6:00 Month Oct. Day 9, Year 1972								
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.) Home		20f. CITY, TOWN, OR LOCATION Haltom City		COUNTY Tarrant STATE Texas		
21. I hereby certify that I attended the deceased from INQUEST on October 18, 19 72 . Death occurred at 12:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Feris Gwozdz</i>			(Degree or title) FERIS GWOZDZ, M.D.		22b. ADDRESS 1062 W. MAGNOLIA, FORT WORTH		22c. DATE SIGNED 10-19-72	
23a. BURIAL, CREMATION, REMOVAL (specify) Burial			23b. DATE Oct. 21, 1972		23c. NAME OF CEMETERY OR CREMATORY Blue Bonnet Hills Cemetery			
23d. LOCATION (City, town, or county) (State) Tarrant County, Texas				24. FUNERAL DIRECTOR'S SIGNATURE Gause-Ware #4266				
25a. REGISTRAR'S FILE NO. 3400		25b. DATE REC'D BY LOCAL REGISTRAR OCT 24 1972			25c. REGISTRAR'S SIGNATURE <i>Arch B. Braddock</i>			

NON-RESIDENT

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

E955X