

TEXAS DEPARTMENT OF HEALTH
 REC'D JAN 6 1979
 BUREAU OF VITAL STATISTICS

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 VS-112, REV. 1-58

STATE OF TEXAS <u>257-01-3 257-01</u>		CERTIFICATE OF DEATH <u>E8907</u> STATE FILE NO. <u>103979</u>	
1. PLACE OF DEATH a. COUNTY <u>Wood</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Wood</u>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <u>Mineola</u>		c. CITY OR TOWN (If outside city limits, give precinct no.) <u>Mineola</u>	
c. LENGTH OF STAY <u>48 Years</u>		d. STREET ADDRESS (If rural, give location) <u>303 Phillips Street, Mineola</u>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <u>Phillips Street</u>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH 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 <u>Charles</u> (b) Middle <u>Lee</u> (c) Last <u>Cave</u>		4. DATE OF DEATH <u>November 10, 1978</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Febr. 12, 1930</u>
9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Minutes <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Schoellkopf Products</u>	
11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Columbus Cave</u>		14. MOTHER'S MAIDEN NAME <u>Maggie Winn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>Korean War</u>		16. SOCIAL SECURITY NO. <u>449-40-6425</u>	
17. INFORMANT <u>Son: Gary Cave</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Burn by Conflagration</u> DUE TO (b) <u>Carbon Monoxide Intoxication (Accidental)</u> DUE TO (c) _____ Conditions, if any which gave rise to above cause (a), stating the underlying cause last.	
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY <u>10:30 P.M. JAN 10 1978</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>At his home</u>		20e. PLACE OF INJURY (Street, office, school, home, farm, factory, etc.) <u>At his home</u>	
20f. CITY, TOWN, OR LOCATION <u>Mineola</u>		COUNTY <u>Wood Co.</u> STATE <u>Texas</u>	
21. I hereby certify that I am a duly qualified registrar, and that the information furnished hereon is true and correct to the best of my knowledge, from the causes stated. <u>November 10, 1978</u> Approx. <u>10:30 P.</u> Held Inquest <u>XXXXXXXXXXXXXX</u>			
22a. SIGNATURE <u>E.P. Royne</u>		22b. ADDRESS <u>J.P. P.O. Box 325, Mineola, Texas</u>	
22c. DATE SIGNED <u>12-13-78</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Nov. 12, 1978</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sand Springs Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Wood County, Texas</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>George K. Censhaw #7543</u>	
25a. REGISTRAR'S FILE NO. <u>105</u>		25b. DATE REC'D BY LOCAL REGISTRAR <u>December 13, 1978</u>	
25c. REGISTRAR'S SIGNATURE <u>E.P. Royne</u>			

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