

**NON-RESIDENT**

1. PLACE OF DEATH a. COUNTY <b>TARRANT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Van Zandt</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Fort Worth</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Rural</b>	
c. LENGTH OF STAY in l b. <b>Unknown</b>		d. STREET ADDRESS (If rural, give location) <b>Route 1 Box 247, Ben Wheeler</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>D.O.A. John Peter Smith Hospital</b>		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 <b>Massey</b> (b) Middle <b>Verdel</b> (c) Last <b>HALLMAN</b>			4. DATE OF DEATH <b>July 9, 1972</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>2-16-43</b>	9. AGE (In years last birthday) <b>29</b>	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Texas Power and Light</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lineman</b>		11. BIRTHPLACE (State or foreign country) <b>Van Zandt Texas</b>	
13. FATHER'S NAME <b>Tom Hallman</b>			14. MOTHER'S MAIDEN NAME <b>Merlene Nolan</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unavailable</b>		17. INFORMANT <i>Jake Moore</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemopericardium, myocardial laceration,</b> DUE TO (b) <b>Gunshot wound of chest.</b> 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)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>Deceased was shot in the chest by another person.</b>			
20c. TIME OF INJURY Hour Month Day Year <b>4:28 a.m. 7 - 9 - 72</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <b>4662 Norris St.</b>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
<b>Fort Worth</b>		<b>Tarrant</b>		<b>Texas</b>	

21. I hereby certify that I attended the <del>deceased</del> <b>INQUEST</b> on <b>July 9</b> , 19 <b>72</b> . Death occurred at <b>4:54 a.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>7-11-72</b>	
22a. SIGNATURE <i>Felix Gwozdz MD</i> Chief Medical Examiner		22b. ADDRESS <b>1062 W. Magnolia Street Fort Worth, Texas</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9 July 1972</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Bethlehem Cemetery</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Morris-Bates Mortuary By: (Mrs) Hazel E. Bates</b>	
25a. REGISTRAR'S FILE NO. <b>2239</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>JUL 12 1972</b>	
25c. REGISTRAR'S SIGNATURE <i>Arthur B. Braddock</i>			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

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VS-112, REV. 1/58