

212-10-1 212-1-0

CERTIFICATE OF DEATH

STATE FILE NO.

24146

1. PLACE OF DEATH a. COUNTY Smith		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Smith	
b. CITY OR TOWN (If outside city limits, give precinct no.) Tyler		c. CITY OR TOWN (If outside city limits, give precinct no.) Tyler	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 322 E. Valentine		d. STREET ADDRESS (If rural, give location) 322 E. Valentine	
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 type="checkbox"/>			
3. NAME OF DECEASED (Type or print) (a) First Lelon (b) Middle Wineford (c) Last STONE		4. DATE OF DEATH April 3, 1958	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH August 26, 1919
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursery worker		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Van, Texas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME W. C. Stone Smith County, Texas		14. MOTHER'S MAIDEN NAME Alice Burd Van Zandt County,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 11		16. SOCIAL SECURITY NO.	
17. INFORMANT W C Stone			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation caused by an open gas pipe 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 Inst	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury) Open gas	
20c. TIME OF INJURY Hour 11:20 m. 4 - 3 - 58 p.m.		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.) 322 E. Valentine		20f. CITY, TOWN, OR LOCATION Tyler	
20g. COUNTY Smith		20h. STATE Texas	
21. I hereby certify that I attended the deceased from 4/2 on 4/2 and last saw the deceased alive on 4/2 at 322 E. Valentine and to the best of my knowledge, from the causes stated. Death occurred at 11:20 m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE P. C. Bynum		22b. ADDRESS Smiths Buttrick	
22c. DATE SIGNED 4/7/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial		23b. DATE April 7, 1958	
23c. LOCATION (City, town, or county) Van Zandt County Texas		23d. NAME OF CEMETERY OR CREMATORY Cool Springs Cemetery	
24. FUNERAL DIRECTOR'S SIGNATURE Lloyd James		24. FUNERAL DIRECTOR'S SIGNATURE Lloyd James	
25a. REGISTRAR'S FILE NO. 125		25b. DATE REC'D BY LOCAL REGISTRAR 4-7-1958	
25c. REGISTRAR'S SIGNATURE B. Bynum			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

TEXAS DEPARTMENT OF HEALTH
RECEIVED MAY 12 1958
BUREAU OF VITAL STATISTICS

VS-112, REV. 1/58

1969