5276

STATE OF TEXAS 2/2-01-2 2/2-01 CERTIFICATE OF DEATH E965X STATE FILE NO. 32172

1 44

1. PLACE OF DEATH
a. COUNTY: Smith
b. CITY OR TOWN (If outside city limits, give precinct no.): Tyler
c. LENGTH OF STAY in this place: 32 Years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Medical Center Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES XX NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Texas
b. COUNTY: Smith
c. CITY OR TOWN (If outside city limits, give precinct no.): Tyler
d. STREET ADDRESS (If rural, give location): 1126 Balmoral Drive
e. IS RESIDENCE INSIDE CITY LIMITS? YES XX NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO XX

3. NAME OF DECEASED (Type or print): (a) First: GLEN (b) Middle: RAY (c) Last: BROWN

4. DATE OF DEATH: April 27, 1976

5. SEX: Male

6. COLOR OR RACE: White

7. Married XX Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: November 15, 1943

9. AGE (In years last birthday): 32

IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Minutes ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner-Operator

10b. KIND OF BUSINESS OR INDUSTRY: Vending Machines

11. BIRTHPLACE (State or foreign country): Tyler, Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert J. Brown

14. MOTHER'S MAIDEN NAME: Joyce Burkett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 463-68-3938

17. INFORMANT: Mrs. Glenn Ray Brown

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): Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 3 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hyperkalemia secondary to massive replacement & massive soft tissue injury.
DUE TO (c): Wounds of jejunem, colon, right lobe liver, left kidney, duodenum, stomach, Rt. chest & Rt. diaphragm.

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 XX NO ☐

TEXAS DEPARTMENT OF HEALTH RESOURCES
RECD MAY 13 1976
BUREAU OF VITAL STATISTICS

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE X

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.): Gunshot (multiple) wounds

20c. TIME OF INJURY: Hour 4 a.m. Month ____ Day ____ Year Approximately 4/24/76

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): In or near apartment Bldg.

20f. CITY, TOWN, OR LOCATION: Tyler COUNTY: Smith STATE: Texas

21. I hereby certify that I attended the deceased from April 24 1976 to April 27 1976 and last saw the deceased alive on April 27 1976. Death occurred at 2:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Herbert C. Daniels, Jr., M.D.

22b. ADDRESS: 926 Hospital Drive Tyler, Texas

22c. DATE SIGNED: 5/8/76

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: April 28, 1976

23c. NAME OF CEMETERY OR CREMATORY: Cathedral In The Pines Cemetery

23d. LOCATION (City, town, or county): Tyler, (State): Texas

24. FUNERAL DIRECTOR'S SIGNATURE: Burks Walker Tippit-Thomas W. Stewart#6521

25a. REGISTRAR'S FILE NO.: 357

25b. DATE REC'D BY LOCAL REGISTRAR: May 10, 1976

25c. REGISTRAR'S SIGNATURE: Mariette Crowder, M.D.

TEXAS DEPARTMENT OF HEALTH RESOURCES — BUREAU OF VITAL STATISTICS
VS-112. REV. 1/58