STATE OF TEXAS 057-01-1 057-01 CERTIFICATE OF DEATH 5900 56 STATE FILE NO. 07797

REPLACEMENT

0291-74
0118

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside city limits, give precinct no.): Dallas
c. LENGTH OF STAY in I b.: 30 yrs.
d. NAME OF HOSPITAL OR INSTITUTION: 5707 Mesa Circle
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: Dallas
c. CITY OR TOWN (If outside city limits, give precinct no.): Dallas
d. STREET ADDRESS (If rural, give location): 5707 Mesa Circle
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

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

4. DATE OF DEATH: February 9, 1974 Found dead at 7:30 PM

5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 11-5-43
9. AGE (In years last birthday): 30
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): Security Guard
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Brown
14. MOTHER'S MAIDEN NAME: Kathrine Manning

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.: 450-64-4238
17. INFORMANT: Nick Randle

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): Pending
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

TEXAS DEPARTMENT OF HEALTH
REC'D MAR 11 1974
BUREAU OF VITAL STATISTICS

SEE ATTACHED AMENDMENT.

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 ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY: Hour (a.m. p.m.) Month Day Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I hereby certify that I attended the deceased from Inquest held 2/10/74 to ..., 19... and last saw the deceased alive on ..., 19... Death occurred at XXX m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Physician) Charles S. Petty, M.D. Chief MEDICAL EXAMINER
22b. ADDRESS: PO Box 35728, Dallas, TX 75235
22c. DATE SIGNED: 2/10/74

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-16-74
23c. NAME OF CEMETERY OR CREMATORY: Lincoln Memorial Cemetery
23d. LOCATION (City, town, or county): Dallas (State): Dallas Texas
24. FUNERAL DIRECTOR'S SIGNATURE: McMillan Funeral Home By: Joslee Thompson

25a. REGISTRAR'S FILE NO.: 1137
25b. DATE REC'D BY LOCAL REGISTRAR: FEB 14 1974
25c. REGISTRAR'S SIGNATURE: Maurine Lamon

VS-112 REV. 1/68

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