

STATE OF TEXAS

057-01-2

057-0

CERTIFICATE OF DEATH

STATE FILE NO.

58411

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Dallas		b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		a. STATE Texas		b. COUNTY Dallas	
c. LENGTH OF STAY in l. b. 4 yrs.		d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Parkland Hospital		c. CITY OR TOWN (If outside city limits, give precinct no.) 2314 S. Blvd.		d. STREET ADDRESS (If rural, give location) 2314 S. Blvd	
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 checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH				
(a) First Jessie	(b) Middle Mae	(c) Last Stanford	10-23-60				
5. SEX female	6. COLOR OR RACE negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-18-39	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input checked="" type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Minutes <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maid		10b. KIND OF BUSINESS OR INDUSTRY maid service		11. BIRTHPLACE (State or foreign country) Upshur Co. Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jessie Stanford				14. MOTHER'S MAIDEN NAME Mollie Mae Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Jessie Stanford			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple lacerations and skull fracture. 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
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.) Apparently slipped fatally with claw hammer.				
20c. TIME OF INJURY Hour 2 a.m. Month 10 Day 23 Year 60	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.) Home	20f. CITY, TOWN, OR LOCATION Dallas	COUNTY Dallas	STATE Texas		
21. I hereby certify that I attended the deceased from held request on 10-23-60 at 4:55 PM and last saw the deceased alive on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE P. McBride			22b. ADDRESS 310 Louthouse			22c. DATE SIGNED 10-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-26-60		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery			
23d. LOCATION (City, town, or county) Wills Point, Texas			(State) Texas	24. FUNERAL DIRECTOR'S SIGNATURE Eubank & Co. Wayne P. Dawson			
25a. REGISTRAR'S FILE NO. 5228		25b. DATE REC'D BY LOCAL REGISTRAR Oct 23, 1960		25c. REGISTRAR'S SIGNATURE J.W. Bass BY Maureen Lamm ACTING REGISTRAR			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

0-28-60
qued at
office
3:30 PM
no date.
P.M.C.B.

083

TEXAS DEPARTMENT OF HEALTH
REC'D NOV 14 1960
BUREAU OF VITAL STATISTICS