STATE OF TEXAS 212-01-1 212.01 CERTIFICATE OF DEATH E9503 67 STATE FILE NO. 62852

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

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: 23 years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 200 Glenhaven
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] 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): 200 Glenhaven
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (Type or print): (a) First: MARY (b) Middle: MARTHA (c) Last: FREEMAN

4. DATE OF DEATH: August 2, 1975

5. SEX: Female

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: April 9, 1952

9. AGE (In years last birthday): 23

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Texas

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

13. FATHER'S NAME: James W. Fair

14. MOTHER'S MAIDEN NAME: Nancy Rose Wood

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.: 461 74 9801

17. INFORMANT: James W. Fair (Father)

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: unk
DUE TO (b): Secondary to drugs and possible Alcohol?
DUE TO (c): (Pending toxicology studies)

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 [X] NO [ ]

TEXAS DEPARTMENT OF HEALTH
REC'D SEP 12 1975
BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.): Deceased swallowed unknown quantity of narcotic drugs

20c. TIME OF INJURY: Hour 5:00 a.m. p.m. Month 8 Day 2 Year 75

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.): Home

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

21. I hereby certify that I attended the deceased ~~from~~ at inquest 8-2 19 75 to 19 ~~and last saw the deceased alive~~ on 19 Death occurred at 5:00 A m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Mrs Lena Hicks (Degree or title): JP

22b. ADDRESS: Tyler, Texas

22c. DATE SIGNED: 8-5-1975

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

23b. DATE: Aug. 3, 1975

23c. NAME OF CEMETERY OR CREMATORY: Cathedral in the Pines

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

24. FUNERAL DIRECTOR'S SIGNATURE: Lloyd James Funeral Home

25a. REGISTRAR'S FILE NO.: 655

25b. DATE REC'D BY LOCAL REGISTRAR: August 6, 1975

25c. REGISTRAR'S SIGNATURE: Mirtle Crowder M.D.

VS-112, REV. 1/58