

STMR

STATE OF TEXAS 170-00-1170-00

CERTIFICATE OF DEATH E965X STATE FILE NO.

95795

1. PLACE OF DEATH a. COUNTY MONTGOMERY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE TEXAS b. COUNTY MONTGOMERY			
b. CITY OR TOWN (If outside city limits, give precinct no.) MAGNOLIA				c. CITY OR TOWN (If outside city limits, give precinct no.) PCT. # 3 MAGNOLIA			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 31814 WALNUT CREEK DRIVE				d. STREET ADDRESS (If rural, give location) 31814 WALNUT CREEK DRIVE			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JOHN CARL DENSON				4. DATE OF DEATH NOVEMBER 19, 1976			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JULY 16, 1928	
9. AGE (In years last birthday) 48		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY ELECTRICAL IND.		11. BIRTHPLACE (State or foreign country) HOUSTON, TEXAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME JIM DENSON			
14. MOTHER'S MAIDEN NAME MERTIE McCOWAN				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY NO. 456-38-1304				17. INFORMANT Susan Denson			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshots penetrating heart DUE TO (b) Gunshot wounds to chest DUE TO (c) Gunshot wounds to chest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) RECD DEC 21 1976							
20. 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.) Gunshot wounds to chest							
20c. TIME OF INJURY Hour 8:45 p.m. Month 11 Day 19 Year 76							
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.) In Home			
20f. CITY, TOWN, OR LOCATION 31814 Walnut Cr. Dr. Montgomery Tex.				20g. COUNTY TEXAS			
21. I hereby certify that I attended the deceased from Inquest on dead body on 19-76 and last saw the deceased alive on 19-76 . Death occurred at 8:45 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John C. Purmi Justice of the Peace				22b. ADDRESS Pt. 2 Box 1204 Magnolia Tex			
22c. DATE SIGNED 11-30-76				23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			
23b. DATE NOVEMBER 22, 1976				23c. NAME OF CEMETERY OR CREMATORY MAGNOLIA CEMETERY			
23d. LOCATION (City, town, or county) MAGNOLIA MONTGOMERY TEXAS				24. FUNERAL DIRECTOR'S SIGNATURE KLEIN FUNERAL HOME #5095 TOMBALL, TX.			
25a. REGISTRAR'S FILE NO. 11-24-76				25b. DATE REC'D BY LOCAL REGISTRAR 11-24-76			
25c. REGISTRAR'S SIGNATURE John C. Purmi				25d. REGISTRAR'S SIGNATURE John C. Purmi			

TEXAS DEPARTMENT OF HEALTH RESOURCES — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58