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STATE OF TEXAS 050707-01410 CERTIFICATE OF DEATH 4201 25 STATE FILE NO. 66727

1. PLACE OF DEATH a. COUNTY Coryell		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Texas b. COUNTY Bell	
b. CITY OR TOWN (If outside city limits, give precinct no.) Gatesville, Texas		c. CITY OR TOWN (If outside city limits, give precinct no.) Temple, Texas	
c. LENGTH OF STAY in l. b. 2 days		d. STREET ADDRESS (If rural, give location) Temple, Texas	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 127 North 27th Street		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH 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) (a) First GEORGE (b) Middle AUBREY (c) Last WALKER			4. DATE OF DEATH 12-27-1958		
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 5-3-1896	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Minutes _____ IF UNDER 24 HRS.: Hours _____ Minutes _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Groceryman		10b. KIND OF BUSINESS OR INDUSTRY Groceryman		11. BIRTHPLACE (State or foreign country) Arkansas	
12. CITIZEN OF WHAT COUNTRY? U S A			13. FATHER'S NAME George B. Walker		
14. MOTHER'S MAIDEN NAME Mary Elizabeth Matthews			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		
16. SOCIAL SECURITY NO. 449-10-0476		17. INFORMANT Mrs. Aubrey Walker			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Thrombosis</i> DUE TO (b) <i>Chronic Coronary insufficiency</i> DUE TO (c) <i>Arteriosclerosis</i>		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 type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	20g. COUNTY STATE

TEXAS DEPARTMENT OF HEALTH
REC'D JAN 6 1959
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21. I hereby certify that I attended the deceased from 1951 to 11-4 , 19 58 and last saw the deceased alive on 11-4 , 19 58 . Death occurred at 1:00 A.M. m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 12-29-1958
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS Gatesville, Texas	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-28-1958	23c. NAME OF CEMETERY OR CREMATORY Restland
23d. LOCATION (City, town, or county) Gatesville, Texas	24. FUNERAL DIRECTOR'S SIGNATURE Scott's Funeral Home	
25a. REGISTRAR'S FILE NO. 110-P	25b. DATE REC'D BY LOCAL REGISTRAR Dec. 31, 1958	25c. REGISTRAR'S SIGNATURE <i>[Signature]</i>

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

VS-112, REV. 1/58