

STATE OF TEXAS

244-01-2 244-01

CERTIFICATE OF DEATH

#272 35

STATE FILE NO.

68705

1. PLACE OF DEATH a. COUNTY Wilbarger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas		b. COUNTY Wilbarger	
b. CITY OR TOWN (If outside city limits, give precinct no.) Vernon		c. LENGTH OF STAY in 1 b. 60 yrs.		c. CITY OR TOWN (If outside city limits, give precinct no.) Vernon	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Wilbarger General Hospital		d. STREET ADDRESS (If rural, give location) 2128 Mesquite			
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) Gertrude		(a) First Alice		(c) Last Rainwater	
(b) Middle		4. DATE OF DEATH 8-17-1969			
5. SEX Female		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 10-19-1884		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days 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? USA		13. FATHER'S NAME T. W. Caughron		14. MOTHER'S MAIDEN NAME Arizona Compton	
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. None	
17. INFORMANT Roscoe C. Rainwater (Husband)		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Cardiac arrest		INTERVAL BETWEEN ONSET AND DEATH Minutes	
IMMEDIATE CAUSE (a)		DUE TO (b)		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(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 or Part II of Item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month Day Year		20d. INJURY OCCURRED			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION Vernon Texa		COUNTY M D	
STATE		21. I hereby certify that I attended the deceased from 1965 to 8-17 , 19 69 and last saw the deceased alive on 8-17-69 at 3 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		(Degree or title) M D		22c. DATE SIGNED 8-26-69	
22b. ADDRESS Vernon Texa		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
23b. DATE 8-19-1969		23c. NAME OF CEMETERY OR CREMATORY Wilbarger Memorial Park			
23d. LOCATION (City, town, or county) Vernon, Wilbarger, Texas		(State) Texas		24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR SEP -2 1969		25c. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58