

1. PLACE OF DEATH a. COUNTY Ector		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Ector	
b. CITY OR TOWN (If outside city limits, give precinct no.) Odessa		c. CITY OR TOWN (If outside city limits, give precinct no.) Odessa	
c. LENGTH OF STAY in 1 b. 3 yrs.		d. STREET ADDRESS (If rural, give location) 2110 Hanley	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 42nd & Lyndale		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 Michael (b) Middle (c) Last Gazella			4. DATE OF DEATH Sept. 11, 1978		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 13, 1895	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Minutes

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Baseball & Lockheed Aircraft		10b. KIND OF BUSINESS OR INDUSTRY Lockheed Aircraft		11. BIRTHPLACE (State or foreign country) Olyphant, Pa.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Somon Gazella				14. MOTHER'S MAIDEN NAME Martha Tomko			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. 333-10-7963		17. INFORMANT Michael Gazella-Son <i>Michael J. Gazella</i>	
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head Injuries			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b)			
DUE TO (c)			

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20a. ACCIDENT <input checked="" 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.) Driving a car which struck another moving vehicle.			
20c. TIME OF INJURY Hour Month Day Year 12:10 P.m. 9 11 78					

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.) Street		20f. CITY, TOWN, OR LOCATION Odessa		COUNTY Ector		STATE Texas	
21. I hereby certify that I attended the deceased from Never 19____ to _____ 19____ and last saw the deceased alive on _____ 19____. Death occurred App 12:05P on the date stated above, and to the best of my knowledge, from the causes stated.									

22a. SIGNATURE <i>James E. Harris</i> Coroner			22b. ADDRESS Courthouse Odessa, Texas			22c. DATE SIGNED 9-13-78		
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sept. 13, 1978		23c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery			
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23d. LOCATION (City, town, or county) (State) Inglewood Cal.		24. FUNERAL DIRECTOR'S SIGNATURE <i>G.C. Hubbard</i> Hubbard-Kelly Funeral Home, Inc.			
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25a. REGISTRAR'S FILE NO. 806		25b. DATE REC'D BY LOCAL REGISTRAR 9-13-78		25c. REGISTRAR'S SIGNATURE <i>James E. Harris</i>			
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