

1. PLACE OF DEATH a. COUNTY <b>Scurry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Scurry</b>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Snyder</b>		c. LENGTH OF STAY in 1 b.	c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Snyder</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>D.O.A. @ Cogdell Memorial Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>2708 2807 Ave. U.</b>		
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) (a) First <b>Stanley</b>		(b) Middle <b>Oscar</b>	(c) Last <b>Gray</b>	4. DATE OF DEATH <b>October 11, 1964</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>December 10, 1888</b>	9. AGE (In years last birthday) <b>75</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Frank Gray</b>			14. MOTHER'S MAIDEN NAME <b>Lucy Rhea</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>451-05-2378</b>	17. INFORMANT <b>Mrs Mae Gray- (Wife)</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>
IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b>					
DUE TO (c)					
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 of Part 19)		
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	20f. CITY, TOWN, OR LOCATION <b>Snyder Scurry Texas</b>		
21. I hereby certify that I attended the deceased from <b>Oct 11, 1964</b> to <b>Oct 11, 1964</b> and last saw the deceased alive on <b>Oct 11, 1964</b> . Death occurred at <b>12:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>M. Jones M.D.</b>			22b. ADDRESS <b>Snyder, Texas</b>		22c. DATE SIGNED <b>10/12/64</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>			23b. DATE <b>10-13-64</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Ballinger, Texas</b>			24. FUNERAL DIRECTOR'S SIGNATURE <b>B. J. Seale</b> <b>Bell-Seale Funeral Home</b>		
25a. REGISTRAR'S FILE NO. <b>91</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>10-13-1964</b>		25c. REGISTRAR'S SIGNATURE <b>Amita Parpe</b>	