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| 1. PLACE OF DEATH a. COUNTY: Wheeler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Wheeler | |
| b. CITY OR TOWN (If outside city limits, give precinct no.) Wheeler | | c. LENGTH OF STAY in l.b. 7 years | |
| d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Parkview Hospital | | e. CITY OR TOWN (If outside city limits, give precinct no.) Wheeler | |
| f. STREET ADDRESS (If rural, give location) 705 S. Main Street | | g. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| h. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) a) First Samuel b) Middle Douglas c) Last Hale | | 4. DATE OF DEATH September 6, 1974 | |
| 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 Sept. 10, 1896 |
| 9. AGE (In years last birthday) 77 | | 10. IF UNDER 1 YEAR Months _____ Days _____ | 11. IF UNDER 24 HRS. Hours _____ Minutes _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professional golfer Golf Clubs | | 10b. KIND OF BUSINESS OR INDUSTRY Glenrose, Texas | |
| 11. BIRTHPLACE (State or foreign country) U. S. A. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13. FATHER'S NAME John Perry Hale | | 14. MOTHER'S MAIDEN NAME Sarah Frances Eddie | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no | | 16. SOCIAL SECURITY NO. 443-03-2534 | |
| 17. INFORMANT Mr. Tommy Hale - Son | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) TEXAS DEPARTMENT OF HEALTH Gastro intestinal hemorrhage. | | INTERNAL BETWEEN GUNSHOT AND DEATH | |
| CONDITIONS, IF ANY, PREVIOUS TO CAUSE OF DEATH REC'D OCT 4 1974 DUE TO (b) Stress ulcer | | | |
| HABITUAL UNDERLYING CAUSE LAST BUREAU OF VITAL STATISTICS Cerebral vascular accident | | | |
| 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (b) | | 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. | | | |
| 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 | COUNTY _____ STATE _____ |
| 21. I hereby certify that I attended the deceased from 8-27-74 to 9-6-74 and last saw the deceased alive on 9-6-74 . Death occurred at 5:08 P m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE <i>Samuel Hale</i> | | 22b. ADDRESS Box 190, Wheeler, Texas | 22c. DATE SIGNED 9-10-74 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Sept. 8, 1974 | 23c. NAME OF CEMETERY OR CREMATORY Wheeler Cemetery |
| 23d. LOCATION (City, town, or county) (State) Wheeler, Wheeler County, Texas | | 24. FUNERAL DIRECTOR'S SIGNATURE <i>Jimmy C. Wright #6018</i> Wright Funeral Home | |
| 25a. REGISTRAR'S FILE NO. 47 | | 25b. DATE REC'D BY LOCAL REGISTRAR Sept. 10 1974 | |
| | | 25c. REGISTRAR'S SIGNATURE <i>Charles Whiteley</i> | |