

1. PLACE OF DEATH a. COUNTY Webb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas		b. COUNTY Webb	
b. CITY OR TOWN (If outside city limits, give precinct no.) Laredo,		c. LENGTH OF STAY in l b. 21 Yrs.		c. CITY OR TOWN (If outside city limits, give precinct no.) Laredo	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) 1111 Garfield			
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) CLARANCE		(a) First CLARANCE		(b) Middle B.	
		(c) Last HUBER		4. DATE OF DEATH February 22, 1965	
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. 28, 1896	9. AGE (In years last birthday) 68 Yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Inspector		10b. KIND OF BUSINESS OR INDUSTRY U.S. Customs		11. BIRTHPLACE (State or foreign country) Tyler, Texas	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Perry Willard Huber			14. MOTHER'S MAIDEN NAME Ida May Guillams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 456-01-3792		17. INFORMANT Howell Muckelroy	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral artery thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Cerebral artery arteriosclerosis DUE TO (c) Essential Hypertension		INTERVAL BETWEEN ONSET AND DEATH Days years years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Uremia due to nephrosclerosis		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 LOCALITY COUNTY _____ STATE _____	
21. I hereby certify that I attended the deceased from <u>Dec 29</u> 19 <u>64</u> and last saw the deceased alive on <u>Feb 22</u> 19 <u>65</u> . Death occurred at <u>4:30 P.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated					
22a. SIGNATURE Ignacio J. Calamiz MD		22b. ADDRESS 1502 Logan Laredo Tex		22c. DATE SIGNED 3/20/65	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 24, 1965		23c. NAME OF CEMETERY OR CREMATORY City Cemetery	
23d. LOCATION (City, town, or county) Laredo,		(State) Texas		24. FUNERAL DIRECTOR'S SIGNATURE Jackson Funeral Home W. Jackson	
25a. REGISTRAR'S FILE NO. 109		25b. DATE REC'D BY LOCAL REGISTRAR 3-23-65		25c. REGISTRAR'S SIGNATURE James Hayes by Ignacio Calamiz	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

TEXAS DEPARTMENT OF HEALTH
REC'D APR 5 1965
BUREAU OF VITAL STATISTICS