

1. PLACE OF DEATH a. COUNTY Collin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Dallas	
b. CITY OR TOWN (If outside city limits, give precinct no.) Plano		c. LENGTH OF STAY in 1 b. 1 day	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION FM 544 and Preston Rd.		d. STREET ADDRESS (If rural, give location) 2018 Rayburn	
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 Matt		(b) Middle Danny	
(c) Last Lynch, Jr.		4. DATE OF DEATH June 30, 1978	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 7, 1926
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Minutes _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ins. Agent		10b. KIND OF BUSINESS OR INDUSTRY Mutual of N.Y.	
11. BIRTHPLACE (State or foreign country) Dallas, Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Matt Danny Lynch, Sr.		14. MOTHER'S MAIDEN NAME Louise Williamson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 454-36-1169	
(If yes, give war or dates of service) WW II		17. INFORMANT Patricia Hayes, daughter	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cranio-cerebral Injury DUE TO (b) Automobile accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="text-align: center;">TEXAS DEPARTMENT OF HEALTH</p> <p style="text-align: center;">REC'D AUG 2 1978</p> <p style="text-align: center;">BUREAU OF VITAL STATISTICS</p> </div>			
20a. ACCIDENT <input checked="" type="checkbox"/> GUIDED <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.) Involved automobile accident in collision	
20c. TIME OF INJURY 3:30 p.m. 6-30-78		with Cement truck.	
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 Plano		COUNTY Collin STATE Texas	
21. I hereby certify that I attended the deceased from 6-30-78 to 7-7-78 and last saw the deceased alive on 7-7-78 at 4:30 p.m. Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Raymond Robinson Municipal Judge		22b. ADDRESS P. O. Box 358 Plano, Tex.	
22c. DATE SIGNED 7-7-78			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 3, 1978	
23c. NAME OF CEMETERY OR CREMATORY Restland Memorial Park			
23d. LOCATION (City, town, or county) (State) Dallas Texas		24. FUNERAL DIRECTOR'S SIGNATURE William D. Spurbach 4439 RESTLAND FUNERAL HOME	
25a. REGISTRAR'S FILE NO. 78-90		25b. DATE REC'D BY LOCAL REGISTRAR 7-13-78	
25c. REGISTRAR'S SIGNATURE Joe Stenberger			