

1. PLACE OF DEATH a. COUNTY <b>McCulloch</b>		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>McCulloch</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Brady</b>		c. LENGTH OF STAY in b. <b>40 Years</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>901 North Cypress Street</b>		d. STREET ADDRESS (If rural, give location) <b>901 North Cypress Street</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"/>		4. DATE OF DEATH <b>December 10, 1961</b>	
3. NAME OF DECEASED (Type or print) (a) First <b>James</b> (b) Middle <b>Albert</b> (c) Last <b>Maxwell</b>		4. DATE OF DEATH <b>December 10, 1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>October 17, 1886</b>
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant &amp; Wool Buyer</b>	11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>
12. FATHER'S NAME <b>Ed Nebraska Maxwell</b>		13. MOTHER'S MAIDEN NAME <b>Alice McColm</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b> <b>None</b>		15. SOCIAL SECURITY NO. <b>467-48-1962</b>	
16. INFORMANT <b>Mrs. Herbert L. Thomas, Jr.</b>		17. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> DUE TO (b) <b>Hypertensive-arteriosclerotic heart disease</b> DUE TO (c) _____ Interval between onset and death: <b>5 yrs.</b>	
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 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>TEXAS DEPARTMENT OF HEALTH</b>  <b>REC'D. JAN 11 1962</b>  <b>BUREAU OF VITAL STATISTICS</b> </div>
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>Brady, Texas</b>

21. I hereby certify that I attended the deceased from <b>1956</b> to <b>Dec. 10</b> , 19 <b>61</b> and last saw the deceased alive on <b>Dec. 1</b> , 19 <b>61</b> . Death occurred at <b>6 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or Title) <i>Albert M. Cuello M.D.</i>	22b. ADDRESS <b>Brady, Texas</b>
22c. DATE SIGNED <b>12-18-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>December 12, 1961</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Rest Haven Cemetery</b>	

23d. LOCATION (City, town, or county) (State) <b>Brady Texas</b>	24. FUNERAL DIRECTOR'S SIGNATURE <b>Wilkerson Funeral Home R.W.</b>
25a. REGISTRAR'S FILE NO. <b>5</b>	25b. DATE REC'D BY LOCAL REGISTRAR <b>-20-61</b>
25c. REGISTRAR'S SIGNATURE <i>e. j. m. b.</i>	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-12, REV. 1/58