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 TEXAS DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS

STATE FILE NO.

51161

STATE OF TEXAS

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <u>Bell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence to admit) a. STATE <u>Texas</u> b. COUNTY <u>Gonzales</u>		
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <u>Temple</u>		c. LENGTH OF STAY (In this place) <u>1 mo., 18 da.</u>	c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <u>Gonzales</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Center</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u>		b. (Middle) <u>MIDKIFF</u>	c. (Last)	4. DATE OF DEATH <u>October 30, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-28-14</u>	9. AGE YEARS <u>42</u>	MONTHS <u>12</u>
DAYS <u>12</u>	IF UNDER HOUR	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Gonzales, Texas</u>	
12. FATHER'S NAME <u>William P. Midkiff</u>		BIRTHPLACE <u>Texas</u>	13. MOTHER'S MAIDEN NAME <u>Elfie Huggins</u>		BIRTHPLACE <u>Texas</u>
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>WW II</u>	15. SOCIAL SECURITY NO. <u>431-03-0214</u>	16. INFORMANT'S SIGNATURE <u>Official Veterans Administration Records</u>			
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hemorrhage from right carotid artery, massive</u>			INTERVAL BE ONSET AND I <u>sev. h</u>		
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			DUE TO (b) <u>Squamous cell carcinoma of the tongue with invasion of the neck and carotid artery</u>		
DUE TO (c)			about <u>2 yrs</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION		19. AUTOPSY YES <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY)	20d. (STATE)		
		<u>TEXAS DEPARTMENT OF HEALTH</u>	<u>REC'D NOV 23 1956</u>		
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. HOW DID INJURY OCCUR			
<u>VA</u>		<u>BUREAU OF VITAL STATISTICS</u>			
21. I hereby certify that I attended the deceased from <u>Sept. 12, 1956</u> , to <u>October 30, 1956</u> , that the deceased was <u>born</u> born <u>and that death occurred at 9:15 a. m., from the causes and on the date stated above.</u>					
22a. SIGNATURE <u>Shirley Howard, M.D.</u> (Degree or title) <u>SHIRLEY HOWARD, MD, Pathologist</u>			22b. ADDRESS <u>VAC, Temple, Texas</u>		22c. DATE SIGNED <u>10-30-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-30-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hick</u>		
23d. LOCATION (City, town, or county) <u>Gonzales, Texas</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>Hewett Funeral Home for shipme to Seydler Funeral Home, Gonzales, Texas</u>			
25a. REGISTRAR'S FILE NO. <u>534</u>	25b. DATE REC'D BY LOCAL REGISTRAR <u>11-1-56</u>	25c. REGISTRAR'S SIGNATURE <u>Claude M. Thompson, City Control</u> <u>Rev. M. W. Blank</u>			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE