

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission)			
a. COUNTY Dallas		b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		a. STATE Texas		b. COUNTY Dallas	
c. LENGTH OF STAY in 1 b. 40 Yrs.		d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Baylor Hospital		d. STREET ADDRESS (If rural, give location) 6232 Victor			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				e. IS RESIDENCE INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		f. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
(a) First John		(b) Middle Walter		(c) Last Morris		August 2, 1961	
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 Jan. 31, 1881	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Manager		10b. KIND OF BUSINESS OR INDUSTRY Prof. Baseball		11. BIRTHPLACE (State or foreign country) Rockwall, Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME G. W. Morris				14. MOTHER'S MAIDEN NAME No Record			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 457-03-7824		17. INFORMANT Mrs. Jack Collins - 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) Cardiac standstill				INTERVAL BETWEEN ONSET AND DEATH four months			
DUPLICATE (b) congestive heart failure				1 week			
DUPLICATE (c) generalized arteriosclerosis				2 years 1			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
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: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> TEXAS DEPARTMENT OF HEALTH REC'D. SEP 18 1961 BUREAU OF VITAL STATISTICS </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 Dallas, Texas				
21. I hereby certify that I attended the deceased from <u>8/10/61</u> to <u>8/16/61</u> and last saw the deceased alive on <u>8/12/61</u> . Death occurred at <u>9:45 a</u> m. on the date stated above, and to the best of my knowledge, from the cause stated.							
22a. SIGNATURE <i>Walter M. ...</i>				22b. ADDRESS 4319 Cotton Valley Dr		22c. DATE SIGNED 8/16/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 8-4-61		23c. NAME OF CEMETERY OR CREMATORY Restland Memorial Park		
23d. LOCATION (City, town, or county) Dallas			23e. (State) Texas		24. FUNERAL DIRECTOR'S SIGNATURE <i>R. K. ...</i> Restland Funeral Home		
25a. REGISTRAR'S FILE NO. 3837		25b. DATE REC'D BY LOCAL REGISTRAR Aug 3, 1961		25c. REGISTRAR'S SIGNATURE <i>J. W. Bass</i> J. W. Bass BY <i>M. ...</i>			

438 VS. 112, REV. 1/58