

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY Tarrant			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Tarrant		
b. CITY OR TOWN (If outside city limits, give precinct no.) Fort Worth		c. LENGTH OF STAY in 1 b. 27 years	c. CITY OR TOWN (If outside city limits, give precinct no.) Fort Worth		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION D.O.A. Harris Hospital			d. STREET ADDRESS (If rural, give location) 3241 Waits		
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) Edward		(a) First	(b) Middle	(c) Last Wheeler	4. DATE OF DEATH August 15, 1960
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 15, 1887	9. AGE (in years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Representative Carey Salt Co.			10b. KIND OF BUSINESS OR INDUSTRY Michigan	12. CITIZEN OF WHAT COUNTRY? United States	
13. FATHER'S NAME Edgar Wheeler			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT X W. E. Whitman		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) _____ DUE TO (c) _____					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 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 Form 10)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ and last saw the deceased alive on _____ 19____. Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Walter Boyd J.P.		(Degree or title)	22b. ADDRESS Fort Worth, Texas		22c. DATE SIGNED 8-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE August 17, 1960	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		
23d. LOCATION (City, town, or county) Fort Worth Texas		(State)	24. FUNERAL DIRECTOR'S SIGNATURE Crowder & Brooks #76		
25a. REGISTRAR'S FILE NO. 2319	25b. DATE REC'D BY LOCAL REGISTRAR AUG 16 1960	25c. REGISTRAR'S SIGNATURE John S. Bieppel			

MEDICAL CERTIFICATION

4201 / VS-112, REV. 1/58

TEXAS DEPARTMENT OF HEALTH
 SEP 12 1960
 BUREAU OF VITAL STATISTICS

Theresa Cook