

1. PLACE OF DEATH a. COUNTY McLennan		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Texas b. COUNTY ELLIS	
b. CITY OR TOWN (If outside city limits, give precinct no.) Waco		c. LENGTH OF STAY in l.b. 9 days	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Woodland Springs Nursing Home		e. CITY OR TOWN (If outside city limits, give precinct no.) Waxahachie	
d. STREET ADDRESS (If rural; give location) 808 West Main		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First George (b) Middle Henderson (c) Last Edmondson		4. DATE OF DEATH 7-12-1973	
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 5-18-1896
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Minutes <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Tobe Edmondson		14. MOTHER'S MAIDEN NAME Elizabeth Cunningham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 465 88 5048	
17. INFORMANT Miles E. Hastings, Jr. (Nephew)		18. CAUSE OF DEATH (Specify any conditions which gave rise to above cause (a).) (If yes, give war or dates of service) (If (c), depend (c).) Generalized arteriosclerosis Multifocal degenerative disease of central leg innervation	

18. CAUSE OF DEATH (Specify any conditions which gave rise to above cause (a).) (If yes, give war or dates of service) (If (c), depend (c).) Generalized arteriosclerosis Multifocal degenerative disease of central leg innervation		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) Senility - Old Neurogenic Bally		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 them 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/>	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	COUNTY STATE
21. I hereby certify that I attended the deceased from about 1/1/65 19__ to 7/11/73 19__ and last saw the deceased alive on 7/9/73 19__ at 6:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS Waco Texas	22c. DATE SIGNED 7/12/73
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-11-1973	23c. NAME OF CEMETERY OR CREMATORY Tech Memorial Park
23d. LOCATION (City, town, or county) Lubbock	(State) Texas	24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> Boze-Mitchell Funeral Home
25a. REGISTRAR'S FILE NO. 818	25b. DATE REC'D BY LOCAL REGISTRAR JUL 17 1973	25c. REGISTRAR'S SIGNATURE <i>[Signature]</i> Margaret Scott

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58