

045-0-0-3 045-2-1

CERTIFICATE OF DEATH

E 8154 47

STATE FILE NO.

12996

STATE OF TEXAS

1. PLACE OF DEATH a. COUNTY Colorado				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Colorado			
b. CITY OR TOWN (If outside city limits, give precinct no.) Prec. 4			c. LENGTH OF STAY in 1 b. 1 day	c. CITY OR TOWN (If outside city limits, give precinct no.) Eagle Lake, Texas			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" 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)		(a) First	(b) Middle	(c) Last	4. DATE OF DEATH 2-26-59		
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 May 16, 1902	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 9 Days 10 Hours Minutes 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dry cleaner		10b. KIND OF BUSINESS OR INDUSTRY dry cleaner		11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Dr. Howard Fitzgerald				14. MOTHER'S MAIDEN NAME Ruby Chumney			
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. 449-09-4668		17. INFORMANT Mrs. H.C. Fitzgerald			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head & chest injury intracranial hemorrhage DUE TO (b) Automobile accident DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL ILLNESS OR CONDITION GIVEN IN PART I						18. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Head & Chest injury (Automobile accident)				
20c. TIME OF INJURY Hour Month 2 Day 26 Year 59 a.m. p.m. 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Prec. 4	20f. CITY, TOWN, OR LOCATION Eagle Lake	COUNTY Colorado	STATE Texas		
21. I hereby certify that I attended the deceased from February 26, 1959 to February 26, 1959 and last saw the deceased alive on February 26, 1959 . Death occurred at 59 m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. J. Lupton, M.D.			22b. ADDRESS Eagle Lake, Texas		22c. DATE SIGNED 2-28-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-27-59	23c. NAME OF CEMETERY OR CREMATORY Masonic				
23d. LOCATION (City, town, or county) (State) Eagle Lake, Texas			24. FUNERAL DIRECTOR'S SIGNATURE W. I. Bauer				
25a. REGISTRAR'S FILE NO. 12		25b. DATE REC'D BY LOCAL REGISTRAR March 8, 1959		25c. REGISTRAR'S SIGNATURE Dr. J. J. Lupton			

TEXAS DEPARTMENT OF HEALTH
REC'D APR 13 1959
BUREAU OF VITAL STATISTICS