

1. PLACE OF DEATH a. COUNTY Dallas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Dallas					
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas				c. CITY OR TOWN (If outside city limits, give precinct no.) Dallas					
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Methodist Hospital				d. STREET ADDRESS (If rural, give location) 2936 S. Llewellyn					
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) Oscar		(a) First Lawrence		(b) Middle Fuhr		(c) Last March 29, 1975			
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 22, 1893			
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 81		IF UNDER 24 HRS Days 81		IF UNDER 74 HRS Hours 81			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pumper				10b. KIND OF BUSINESS OR INDUSTRY Oil Co					
11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME George Fuhr				14. MOTHER'S MAIDEN NAME Maria Bruggemann					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI US Army				16. SOCIAL SECURITY NO. 461-05-6643A					
17. INFORMANT Mrs Mildred Fuhr				17. INFORMANT Mrs Mildred Fuhr					
18. CAUSE OF DEATH (Specify for (a), (b), and (c).) TECHNICAL DEPARTMENT OF HEALTH REC'D MAY 12 1975 BUREAU OF VITAL STATISTICS IMMEDIATE CAUSE (a) Acute myocardial infarction CONDITIONS (b) which give rise to above cause (b) DUE TO (c) 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 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 Item 18.)			
20c. TIME OF INJURY Hour Month Day Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
20c. TIME OF INJURY Hour Month Day Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
20c. TIME OF INJURY Hour Month Day Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
20c. TIME OF INJURY Hour Month Day Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I hereby certify that I attended the deceased from 5/22/59 to 3-29 19 75 and last saw the deceased alive on 3-26 19 75 Death occurred at 2:06 a m. on the date stated above, and to the best of my knowledge, from the causes stated									
22a. SIGNATURE (Daguer or file) <i>[Signature]</i>				22b. ADDRESS 5046 10th Dallas Tex				22c. DATE SIGNED 4/7/75	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE 3-31-75				23c. NAME OF CEMETERY OR CREMATORY Laurel Land Cemetery	
23d. LOCATION (City, town, or county) Dallas				23e. LOCATION (State) Texas				24. FUNERAL DIRECTOR'S SIGNATURE Lamar & Smith	
25a. REGISTRAR'S FILE NO. 2545				25b. DATE REC'D BY LOCAL REGISTRAR APR 8 1975				25c. REGISTRAR'S SIGNATURE Johnnie P. Willis	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

410.9
VS-102, REV. 1/58

060