

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.) Garland		c. LENGTH OF STAY in l. b. 5 Yrs.	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION DOA-Garland Memorial Hospital		d. STREET ADDRESS (If rural, give location) 2121 So. Glenbrook	
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) (a) First Robert (b) Middle Lyndon (c) Last Hasbrook Sr.		4. DATE OF DEATH February 9, 1976	
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 Nov. 21, 1893
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Minutes _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Engineer (Ret)		10b. KIND OF BUSINESS OR INDUSTRY A.Y. McDonald Mfg.	
11. BIRTHPLACE (State or foreign country) Grundy Center, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lee Hasbrook		14. MOTHER'S MAIDEN NAME Josephine Cline	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 478-07-5044	
17. INFORMANT Mrs. Alma Hasbrook Mrs. Alma Hasbrook, by R.A.			
18. CAUSE OF DEATH (Enter only one cause, or (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO (b) _____ DUE TO (c) _____ CONDITIONS, if any, which gave rise to above cause (a), existing the longer the lying cause last: VITAL STATISTICS			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 --- SUICIDE --- HOMICIDE <input checked="" type="checkbox"/> NATURAL CAUSES <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. _____			
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 _____ inquest held on 2/9/76 to _____ 19____ and last saw the deceased alive on _____ 19____. Death occurred at 1:15 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Wallace Graham, M.D. (Degree or title)		22b. ADDRESS POB 35728 Dallas, Texas 75235	
22c. DATE SIGNED 2/9/76			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 11, 1976	
23c. NAME OF CEMETERY OR CREMATORY Restland Memorial Park			
23d. LOCATION (City, town, or county) Dallas (State) Texas		24. FUNERAL DIRECTOR'S SIGNATURE Howard Munchler 6720	
25a. REGISTRAR'S FILE NO. 53		25b. DATE REC'D BY LOCAL REGISTRAR 2-13-76	
		25c. REGISTRAR'S SIGNATURE Theresa Ward	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58