

1. PLACE OF DEATH a. COUNTY Harris		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE Texas b. COUNTY Harris	
b. CITY OR TOWN (If outside city limits, give precinct no.) Houston		c. CITY OR TOWN (If outside city limits, give precinct no.) Houston	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 230 West Alabama #709		d. STREET ADDRESS (If rural, give location) 230 West Alabama #709	
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) Gordon D Hinkle		4. DATE OF DEATH March 19, 1972	
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 April 3, 1905
9. AGE (In years last birthday) 66		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meter Repairman		10b. KIND OF BUSINESS OR INDUSTRY Petroleum	
11. BIRTHPLACE (State or foreign country) Toronto, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Hinkle		14. MOTHER'S MAIDEN NAME Lillian Clarke	
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 <i>Joe Amokay</i>			

18. CAUSE OF DEATH (Indicate immediately preceding cause per line for (a), (b), and (c).)
 a. IMMEDIATE CAUSE (a) **Cardiac arrhythmia**
 b. DUE TO (b) **Post operative mitral valve replacement**
 c. DUE TO (c) _____

REC'D APR 11 1972
BUREAU OF VITAL STATISTICS

19. 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 NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 **Sept 25** **1969** to **March 19** **1972** and last saw the deceased alive on **February 25** **1972**. Death occurred at **1:30 P** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
b.p. room, md

22b. ADDRESS
1200 Moursund, Houston, Texas

22c. DATE SIGNED
3/27/72

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
March 21, 1972

23c. NAME OF CEMETERY OR CREMATORY
Woodlawn Garden of Memories

23d. LOCATION (City, town, or county) (State)
Houston, Texas

24. FUNERAL DIRECTOR'S SIGNATURE
John Zernial
Settegast-Kopf Co (John Zernial #5201)

25a. REGISTRAR'S FILE NO.
03046

25b. DATE REC'D BY LOCAL REGISTRAR
MARCH 29, 1972

25c. REGISTRAR'S SIGNATURE
J. N. Allen

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-12, REV. 1/76