

1. PLACE OF DEATH a. COUNTY Bexar		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Texas b. COUNTY Hood	
b. CITY OR TOWN (If outside city limits, give precinct no.) San Antonio		c. LENGTH OF STAY in l. b. 17 days	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Carriage Square Nursing Home		c. CITY OR TOWN (If outside city limits, give precinct no.) Granbury	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		d. STREET ADDRESS (If rural, give location) 120 Cedar Drive	
3. NAME OF DECEASED (Type or print) a. First AUGUST b. Middle FRANCIS c. Last JOHNS		4. DATE OF DEATH September 12, 1975	
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 September 10, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Player & Umpire Ret. Professional Baseball		9. AGE (In years last birthday) 75	11. BIRTH-PLACE (State or foreign country) Missouri
13. FATHER'S NAME William Johns		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Anna Hawcap	
16. SOCIAL SECURITY NO. 441-05-0276		17. INFORMANT daughter, Mrs. Euna King By: <i>Owen Mott</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) IMMEDIATE CAUSE (a) Cerebral cardiovascular collapse CONDITIONS GIVING RISE TO IMMEDIATE CAUSE (b) metastatic carcinoma of prostate OTHER CAUSE (c) 4 mo			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
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 _____ 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 Ft. Worth, Texas		20g. COUNTY Texas	
20h. STATE Texas		20i. STATE	
21. I hereby certify that I attended the deceased from August 27, 1975 to September 12, 1975 and last saw the deceased alive on Sept. 10, 1975 at 12:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated on.			
22a. SIGNATURE <i>E. L. Muehler</i> MD		22b. ADDRESS 8038 Wurzbach Rd. San Antonio, Texas	
22c. DATE SIGNED 9-12-75			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal for Burial		23b. DATE September 12, 1975	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Ft. Worth, Texas	
24. REGISTRAR'S FILE NO. 5041		24. FUNERAL DIRECTOR'S SIGNATURE <i>Porter Loring Mortuary</i> <i>R. M. Warringham</i>	
25a. REGISTRAR'S FILE NO. 5041		25b. DATE REC'D BY LOCAL REGISTRAR SEP 15 75	
25c. REGISTRAR'S SIGNATURE		25d. REGISTRAR'S SIGNATURE	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

Owen Mott
F.D. #5072Bradley G. Bates
Emb. # 5103