

1. PLACE OF DEATH a. COUNTY <b>BOSQUE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>TEXAS</b>				b. COUNTY <b>MCLENNAN</b>							
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>CLIFTON</b>				c. LENGTH OF STAY in 1 b.				c. CITY OR TOWN (If outside city limits, give precinct no.) <b>WACO</b>							
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Goodall &amp; Witcher Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>331 GUITTARD DRIVE</b>											
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) <b>DR. LLOYD</b>			(a) First			(b) Middle <b>O.</b>			(c) Last <b>RUSSELL</b>			4. DATE OF DEATH <b>MAY 24, 1968</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>APRIL 10, 1913</b>			9. AGE (In years last birthday) <b>55</b>		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) <b>UNIVERSITY PROFESSOR</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>CHAIRMAN BAYLOR UNIVERSITY PHYSICAL EDUCATION DEPT.</b>				11. BIRTHPLACE (State or foreign country) <b>ATOKA, OKLAHOMA.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13. FATHER'S NAME <b>ALONZO N. RUSSELL</b>						14. MOTHER'S MAIDEN NAME <b>FLOSSIE DRAKE</b>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES <b>WW II</b>				16. SOCIAL SECURITY NO. <b>UNKNOWN</b>				17. INFORMANT <b>MRS. LLOYD RUSSELL</b> <i>Mrs. Lloyd Russell</i>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Arrhythmia</b>										INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Myocard Infarction</b>										<b>3 Hours</b>					
DUE TO (c) <b>Coronary Heart Disease</b>										<b>8 Years</b>					
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 <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.			TEXAS DEPARTMENT OF HEALTH REC'D JUN 11 1968 BUREAU OF VITAL STATISTICS												
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 <b>May 24</b> 19 <b>68</b> to <b>May 24</b> 19 <b>68</b> and last saw the deceased alive on <b>May 24</b> 19 <b>68</b> . Death occurred at <b>6:50 P.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated															
22a. SIGNATURE <i>Dr. Lloyd M. D.</i>						22b. ADDRESS <b>110 N. Ave F, Clifton, Texas</b>				22c. DATE SIGNED <b>5-31-68</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>						23b. DATE <b>MAY 24, 1968</b>				23c. NAME OF CEMETERY OR CREMATORY <b>OAKWOOD CEMETERY</b>					
23d. LOCATION (City, town, or county) <b>WACO</b>						(State) <b>TEXAS</b>				24. FUNERAL DIRECTOR'S SIGNATURE <i>Charles R. McCoy</i> <b>WILKIRSON &amp; HATCH, WACO, TEXAS #4232</b>					
25a. REGISTRAR'S FILE NO. <b>48-68</b>				25b. DATE REC'D BY LOCAL REGISTRAR <b>June 1, 1968</b>				25c. REGISTRAR'S SIGNATURE <i>John D. Jones</i>							