

1. NAME OF DECEASED (Type or print) RAYMOND			(a) First			(b) Middle			(c) Last			2. SEX Male		3. DATE OF DEATH July 20, 1983							
4. RACE White			5a. WAS THE DECEDENT OF SPANISH ORIGIN? No			5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.			6. DATE OF BIRTH 7-31-1896			7. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS Hours Minutes					
8a. PLACE OF DEATH — COUNTY Kaufman					8b. CITY OR TOWN (If outside city limits, give precinct no.) Terrell					8c. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Colonial Hospital					8d. INSIDE CITY LIMITS? Yes						
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			10. BIRTHPLACE (State or foreign country) Texas			11. CITIZEN OF WHAT COUNTRY? USA			12. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes			13. SURVIVING SPOUSE (If wife, give maiden name)									
14. SOCIAL SECURITY NO. 450 05 0821			15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman						15b. KIND OF BUSINESS OR INDUSTRY Life Insurance												
16a. RESIDENCE — STATE Texas			16b. COUNTY Rockwall			16c. CITY OR TOWN (If outside city limits, show rural) Royse City			16d. STREET ADDRESS (If rural, give location) Rt. 1			16e. INSIDE CITY LIMITS? Yes									
17. FATHER'S NAME Charles C. Sorrells, MD					18. MOTHER'S MAIDEN NAME Evelyn Yeager					19. SIGNATURE OF INFORMANT <i>Jean Sorrells</i>											
20. IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)]													Interval between onset and death								
PART I													Interval between onset and death								
(a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF:													Sudden								
(b) Inferior Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF:													10 days								
(c) Pneumonia													10 days								
PART II													21. AUTOPSY? N								
22a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			22b. DATE OF INJURY (Mo., Day, Yr.)			22c. HOUR OF INJURY			22d. DESCRIBE HOW INJURY OCCURRED												
22e. INJURY AT WORK (Specify yes or no)			22f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						22g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE												
23a. To the best of my knowledge and belief, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) <i>O S Leinart, MD</i>													24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) TEXAS DEPARTMENT OF HEALTH REC'D SEP 8 1983								
23b. DATE SIGNED (Mo., Day, Yr.) 7-28-83			23c. HOUR OF DEATH 12:20 PM			24b. DATE PRONOUNCED DEAD (Mo., Day, Year)			24c. HOUR OF DEATH												
23d. NAME OF ATTENDING PHYSICIAN (Type or print) O S Leinart, Jr., MD													24d. PRONOUNCED DEAD (Mo., Day, Year) ON			24e. PRONOUNCED DEAD (Hour) AT					
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal					25b. DATE July 20 1983					25c. NAME OF CEMETERY OR CREMATORY Royse City Cemetery											
25d. LOCATION (City, town, or county) Royse City Texas					26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Royse City Funeral Home <i>L. Roy Farrar 5144</i>																
27a. REGISTRAR'S FILE NO. 258					27b. DATE REC'D BY LOCAL REGISTRAR 7-29-83					27c. SIGNATURE OF LOCAL REGISTRAR <i>Bob Bishop</i>											