

1. PLACE OF DEATH a. COUNTY Gregg		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas b. COUNTY Gregg	
b. CITY OR TOWN (If outside city limits, give precinct no.) Gladewater		c. CITY OR TOWN (If outside city limits, give precinct no.) Longview	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Gladewater Municipal Hospital		d. STREET ADDRESS (If rural, give location) Route # 4	
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 type="checkbox"/> NO <input checked="" 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 Homer (b) Middle (NMN) (c) Last Blankenship		4. DATE OF DEATH June 21, 1974	
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 August 4, 1902
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Minutes <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Oil Field		10b. KIND OF BUSINESS OR INDUSTRY Oil Field	
11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? United States	
13. FATHER'S NAME Louis Blankenship		14. MOTHER'S MAIDEN NAME Lois Baker	
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 Homer Blankenship, Jr. - Son			
18. CAUSE OF DEATH (Enter only the cause or causes for [a], [b], and [c].) TEXAS DEATH WAS CAUSED BY HEALTH		INTERVAL BETWEEN ONSET AND DEATH Terminal	
IMMEDIATE CAUSE (a) Cardiorespiratory arrest- terminal		Days	
DUE TO (b) Myocardial insufficiency		years	
DUE TO (c) Advanced ASHD and C.H.F.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Advanced generalized arteriosclerosis			
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 <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
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 June 11, 1974 to June 21, 1974 and last saw the deceased alive on June 21, 1974 . Death occurred at 6:45 P m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. D.	22b. ADDRESS Gladewater, Texas	22c. DATE SIGNED 6/24/74	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 24, 1974	23c. NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery	
23d. LOCATION (City, town, or county) (State) Spring Hill, Gregg Co., Texas		24. FUNERAL DIRECTOR'S SIGNATURE Malcolm Stone Stone Funeral Home 206.361	
25a. REGISTRAR'S FILE NO.	25b. DATE REC'D BY LOCAL REGISTRAR 6-27-74	25c. REGISTRAR'S SIGNATURE Shella Dickerson By: Texas Allen Deputy	