

1. PLACE OF DEATH a. COUNTY <b>Grayson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b>		b. COUNTY <b>Grayson</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Denison</b>		c. LENGTH OF STAY In l b. <b>60 yrs</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Denison</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>300 Blk. E. Sears St.</b>		d. STREET ADDRESS (If rural, give location) <b>400 Blk. E. Sears St.,</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) (a) First <b>Clarence</b> (b) Middle <b>C.</b> (c) Last <b>Covington</b>			4. DATE OF DEATH <b>January 4-1963</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 18-1892</b>		9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR: Months Days Hours Minutes		IF UNDER 24 HRS: Hours Minutes			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>Henryville, Tenn.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13. FATHER'S NAME <b>Robert L. Covington</b>				14. MOTHER'S MAIDEN NAME <b>Mary Pennington</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>6-21-18 to 9/30/21</b>				16. SOCIAL SECURITY NO. <b>157-18-6588</b>				17. INFORMANT <b>Mrs. Ethel Taylor, Sister</b>			

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>Natural causes, probable coronary</b>								INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								DUE TO (b)							
								DUE TO (c)							
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.											
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			

TEXAS DEPARTMENT OF HEALTH  
REC'D. JAN 11 1963  
BUREAU OF VITAL STATISTICS STATE

21. I hereby certify that I ~~examined the body~~ **held an inquest over the dead body on January, 4, 1963** and saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_. Death occurred at \_\_\_\_\_ m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Homer R. Gaddy</b> [Degree or title] <b>Coroner</b>		22b. ADDRESS <b>120 W. Main St., Denison, Tx</b>		22c. DATE SIGNED <b>Jan. 7, 1963</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>January 7-1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cemetery</b>	
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23d. LOCATION (City, town, or county) (State) <b>Denison Grayson Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Bratcher Funeral Home</b>			
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25a. REGISTRAR'S FILE NO. <b>292 292</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>1-7 1-7-63</b>		25c. REGISTRAR'S SIGNATURE <b>J. Frank Smith</b>	
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TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-12, REV. 1/58