

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas		b. COUNTY Dallas	
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. LENGTH OF STAY in 1 b. 40 Yrs		c. CITY OR TOWN (If outside city limits, give precinct no.) Dallas	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Ambassador Hotel		d. STREET ADDRESS (If rural, give location) <i>ok</i> Ambassador Hotel			
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 Oscar (b) Middle Joseph (c) Last Dugey			4. DATE OF DEATH Jan-1-1966		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct-25-1888	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Painter		11. BIRTHPLACE (State or foreign country) Texas	12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Oscar J. Dugey		14. MOTHER'S MAIDEN NAME Mattie Bell Green		17. INFORMANT Mrs. Hubbard Marshall R.B.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 465-18-4116			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: TEXAS DEPARTMENT OF HEALTH REC'D FEB 11 1966 BUREAU OF VITAL STATISTICS DUE TO (a) Pneumonia DUE TO (b) Fracture of femur DUE TO (c) Chronic lung disease					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Multiple strokes (cerebrovascular accidents)					
20a. ACCIDENT <input checked="" 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.) patient fell and hit hip			
20c. TIME OF INJURY Hour Month Day Year 2:00 p.m. 12-7-65					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Dallas Dallas Texas	
21. I hereby certify that I attended the deceased from 1-1-66 to 1-1-66 and last saw the deceased alive on 1-1-66 . Death occurred at 4:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C.D. Colman M.D.		22b. ADDRESS PARKLAND HOSP, DALLAS		22c. DATE SIGNED 1-4-66	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan-3-66		23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	
23d. LOCATION (City, town, or county) Dallas Texas		24. FUNERAL DIRECTOR'S SIGNATURE By Ed C. Smith & Bro. Graph Benton			
25a. REGISTRAR'S FILE NO. 71		25b. DATE REC'D BY LOCAL REGISTRAR JAN 4 1966		25c. REGISTRAR'S SIGNATURE Maurine Lamm	