

1. PLACE OF DEATH a. COUNTY <b>Hill</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Hill</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Hillsboro</b>		c. LENGTH OF STAY in 1 b. <b>Thirty-seven Years Hillsboro</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Hillsboro Hospital, Inc.</b>		d. STREET ADDRESS (If rural, give location) <b>913 East Franklin Street</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>OSCAR</b>			(a) First	(b) Middle <b>M</b>	(c) Last <b>HARRELL</b>	4. DATE OF DEATH <b>30th of April, 1971</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>31st of July, 1890</b>			9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired District Manager Texas Power &amp; Light</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Grandview, Texas</b>			11. BIRTHPLACE (State or foreign country) <b>United States</b>			12. CITIZEN OF WHAT COUNTRY? <b>United States</b>	
13. FATHER'S NAME <b>James B. Harrell</b>						14. MOTHER'S MAIDEN NAME <b>Willetta Chorn</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>451 03 7232 A</b>			17. INFORMANT <b>Mrs. Mozelle Harrell (widow)</b> <b>Mrs. Mozelle Harrell (wife)</b>				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <b>TEXAS DEPARTMENT OF HEALTH</b> IMMEDIATE CAUSE (a) <b>Acute Myocarditis</b> <b>RECORDED JUN 14 1971</b> BUREAU OF VITAL STATISTICS DUE TO (b) <b>Coronary Occlusion</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Moderate hypertension and arteriosclerosis</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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.) <b>Hillsboro</b>	20f. CITY, TOWN, OR LOCATION <b>Hill</b>
		COUNTY <b>Texas</b>
		STATE <b>Texas</b>

21. I hereby certify that I attended the deceased from <b>4:25 p.m. April 30, 1971</b> to <b>5:40 p.m. April 30, 1971</b> and last saw the deceased alive on <b>April 30, 1971</b> . Death occurred at <b>5:40 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Richard M. Beskow M.D.</b>	(Degree or title)	22b. ADDRESS <b>Hillsboro, Texas</b>
		22c. DATE SIGNED <b>4-30-71</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal &amp; Burial</b>		23b. DATE <b>2nd of May, 1971</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grandview Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Johnson County</b>		(State) <b>Texas</b>	24. FUNERAL DIRECTOR'S SIGNATURE <b>by: C. E. Holloway</b> <b>Marshall &amp; Marshall</b> <b>Hillsboro, Texas</b>	
25a. REGISTRAR'S FILE NO. <b>9-34</b>	25b. DATE REC'D BY LOCAL REGISTRAR <b>May 12, '71</b>	25c. REGISTRAR'S SIGNATURE <b>Joe Ed Ward by Dan M. Bellitt</b>		