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**TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS**

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. **13957**

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY Lamar b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN R. R. # 6, Paris c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. # 6		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Lamar c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN R. R. # 6 d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Ruben Alexander Adams a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH 3-10-55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-24-78
9. AGE YEARS MONTHS DAYS 76 2 16		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Stockman	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Stockman		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Texas		12. FATHER'S NAME Elisha Adams BIRTHPLACE Kentucky	
13. MOTHER'S MAIDEN NAME Dk. BIRTHPLACE Dk.		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no, or unknown)	
15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE Mrs. Truman Garrison	
MEDICAL CERTIFICATION			
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TEXAS DEPARTMENT OF HEALTH REC'D APR 11 1955 BUREAU OF VITAL STATISTICS	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour)		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20f. HOW DID INJURY OCCUR?			
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) Donald R. Lane M.D.		22b. ADDRESS Paris, Tex.	
22c. DATE SIGNED 3-14-55		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE		23c. NAME OF CEMETERY OR CREMATORY Providence	
23d. LOCATION (City, town, or county) (State) Lamar Co., Texas		24. FUNERAL DIRECTOR'S SIGNATURE Gene Roden & Sons	
25a. REGISTRAR'S FILE NO. 1-22		25b. DATE REC'D BY LOCAL REGISTRAR 3.19.1955	
25c. REGISTRAR'S SIGNATURE R. J. Payne			