

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

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute Myocarditis			
DUE TO (b) Coronary Occlusion			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
Moderate hypertension and arteriosclerosis			

20a. ACCIDENT		SUICIDE		HOMICIDE		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	
		p.m.					

20d. INJURY OCCURRED		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				Hillsboro		Hill		Texas	

21. I hereby certify that I attended the deceased from **4:25 p.m. April 30, 1971** to **5:40 p.m. April 30, 1971** and last saw the deceased alive on **April 30, 1971**. Death occurred at **5:40 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard M. Besbrow M.D.		(Degree or title)		22b. ADDRESS Hillsboro, Texas		22c. DATE SIGNED 4-30-71	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial		23b. DATE 2nd of May, 1971		23c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery			
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23d. LOCATION (City, town, or county) Johnson County Texas		24. FUNERAL DIRECTOR'S SIGNATURE by: C. E. Holloway Marshall & Marshall Hillsboro, Texas					
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25a. REGISTRAR'S FILE NO. 9-34		25b. DATE REC'D BY LOCAL REGISTRAR May 12, '71		25c. REGISTRAR'S SIGNATURE Joe Ed Ward by Dan M. Bellitt			
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