

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.) Garland		c. CITY OR TOWN (If outside city limits, give precinct no.) Garland	
c. LENGTH OF STAY in l. b. 5 Yrs.		d. STREET ADDRESS (If rural, give location) 2121 So. Glenbrook	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION DOA-Garland Memorial Hospital		e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		a. 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) Robert Lyndon Hasbrook Sr.			4. DATE OF DEATH February 9, 1976		
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 Nov. 21, 1893		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Engineer (Ret)			10b. KIND OF BUSINESS OR INDUSTRY A.Y. McDonald Mfg.		11. BIRTHPLACE (State or foreign country) Grundy Center, Iowa
12. CITIZEN OF WHAT COUNTRY? USA					

13. FATHER'S NAME Lee Hasbrook		14. MOTHER'S MAIDEN NAME Josephine Cline	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 478-07-5044	
17. INFORMANT Mrs. Alma Hasbrook Mrs. Alma Hasbrook, by R.A.			

18. CAUSE OF DEATH (Enter only one cause, or (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
<p>MAR 15 1976</p> <p>Conditions, if any, which gave rise to above cause (a), existing the longer lying cause last.</p> <p>VITAL STATISTICS</p>			

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"/>
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20a. ACCIDENT --- SUICIDE --- HOMICIDE <input checked="" type="checkbox"/> NATURAL CAUSES <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 COUNTY STATE	
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21. I hereby certify that I attended the deceased from Inquest held on 2/9/76 to _____ 19____ and last saw the deceased alive on _____ 19____. Death occurred at 1:15 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Wallace Graham, M.D. (Degree or title) Medical Examiner		22b. ADDRESS POB 35728 Dallas, Texas 75235	22c. DATE SIGNED 2/9/76

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 11, 1976		23c. NAME OF CEMETERY OR CREMATORY Restland Memorial Park	
23d. LOCATION (City, town, or county) (State) Dallas Texas		24. FUNERAL DIRECTOR'S SIGNATURE Howard Munchler 6720		25c. REGISTRAR'S SIGNATURE Theresa Ward	
25a. REGISTRAR'S FILE NO. 53		25b. DATE REC'D BY LOCAL REGISTRAR 2-13-76			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58