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TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

4201 25

STATE OF TEXAS

## CERTIFICATE OF DEATH

STATE FILE NO.

45622

1. PLACE OF DEATH a. COUNTY <b>Nueces</b>			2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Nueces</b>			
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>Corpus Christi,</b>		c. LENGTH OF STAY (If applicable) <b>29 Yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>Corpus Christi,</b>		d. STREET ADDRESS (If rural, give location) <b>1802 North Chaparral</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1802 North Chaparral</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Timothy</b>		b. (Middle) <b>Green</b>		c. (Last) <b>Hendryx Sr.</b>	4. DATE OF DEATH <b>August 14, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>January 31, 1891</b>	9. AGE YEARS MONTHS DAYS <b>66 6 14</b> IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Taxicab Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Checker Cab Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		
12. FATHER'S NAME <b>William C. Hendryx</b>			BIRTHPLACE <b>Illinois</b>	13. MOTHER'S MAIDEN NAME <b>Nancy Jane Neeley</b>		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			15. SOCIAL SECURITY NO.	16. INFORMANT'S SIGNATURE <b>W.C. Hendryx</b>		
17. CAUSE OF DEATH Enter only cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.						
MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>						
INTERVAL BETWEEN ONSET AND DEATH						
ANTECEDENT CAUSES						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
DUE TO (b) _____						
DUE TO (c) _____						
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"/>	
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 STATE) <b>TEXAS DEPARTMENT OF HEALTH REC'D SEP 9 1957 BUREAU OF VITAL STATISTICS</b>		
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 am a duly qualified and licensed physician, and that death occurred at <b>6:00 A.M.</b> , from the causes and on the date stated above.						
22a. SIGNATURE <b>Patrick J. Dunne</b>		22b. ADDRESS <b>Patrick J. Dunne, J.P., Nueces County Courthouse</b>		22c. DATE SIGNED <b>8-16-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>August 16, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill</b>			
23d. LOCATION (City, town, or county) (State) <b>Corpus Christi, Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Cage-Mills Funeral Home by E.M.H.</b>				
25a. REGISTRAR'S FILE NO. <b>672</b>	25b. DATE REC'D BY LOCAL REGISTRAR <b>AUG 19 1957</b>		25c. REGISTRAR'S SIGNATURE <b>A.R. Metzger, M.D.</b>			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE