

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.) Dallas			c. LENGTH OF STAY in l. b. 5 Hours			c. CITY OR TOWN (If outside city limits, give precinct no.) Grand Prairie		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Baylor Medical Center			d. STREET ADDRESS (If rural, give location) 705 S. E. 14th Street			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
e. IS PLACE OF DEATH 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) ERNE			(a) First ALBERT			(b) Middle HERBERT		
(c) Last HERBERT			4. DATE OF DEATH January 13, 1968					
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 Jan. 30, 1887			9. AGE (In years last birthday) 80			10. IF UNDER 24 HRS. Months Days Hours Minutes		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Expediter			10b. KIND OF BUSINESS OR INDUSTRY LTV Aircraft			11. BIRTHPLACE (State or foreign country) Hale, Missouri		
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME William J. Herbert			14. MOTHER'S MAIDEN NAME Harriet Maddox		
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. 449-34-3216			17. INFORMANT Mrs. Addie Herbert (Wife)		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								
PART I. DEATH WAS CAUSED BY:								
IMMEDIATE CAUSE (a) Acute myocardial infarction								
DUE TO (b) Arteriosclerotic heart disease								
DUE TO (c) Diabetes mellitus								
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"/>								
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 a.m. p.m. Month Day Year			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			STATE		
21. I hereby certify that I attended the deceased from January 13, 1968 to January 13, 1968 and last saw the deceased alive on January 13, 1968 . Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Donald K. Merson, M.D.			22b. ADDRESS 3434 Scuris Ave.			22c. DATE SIGNED 1/15/68		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE Jan. 13, 1968			23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		
23d. LOCATION (City, town, or county) Marceline, Missouri			23e. FUNERAL DIRECTOR'S SIGNATURE Wm. D. Brown			23f. REGISTERAR'S SIGNATURE Maurice Lamar		
25a. REGISTRAR'S FILE NO. 594			25b. DATE REC'D BY LOCAL REGISTRAR JAN 16 1968			25c. REGISTRAR'S SIGNATURE		

TEXAS DEPARTMENT OF HEALTH

REC'D FEB 9 1968

BUREAU OF VITAL STATISTICS

NON-RESIDENT

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-12, REV. 1/58