

STATE OF TEXAS <sup>4201 35</sup> 161-01-2 161-00 CERTIFICATE OF DEATH STATE FILE NO. **82109**

1. PLACE OF DEATH a. COUNTY <b>Matagorda</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b>		b. COUNTY <b>Matagorda</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Bay City</b>		c. LENGTH OF STAY in 1 b.		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Bay City</b>	
d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Matagorda General Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. 1, Box 111</b>			
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 type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First <b>EDGAR</b> (b) Middle <b>LOUIS</b> (c) Last <b>LUKEFAHR</b>		4. DATE OF DEATH <b>12/24/67</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>August 25, 1896</b>		9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months _____ Days _____	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>		11. BIRTHPLACE (State or foreign country) <b>Wheeler Co., Neb.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>Sylvester Lukefahr</b>			
14. MOTHER'S MAIDEN NAME <b>Elizabeth Selbach</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW I</b>		16. SOCIAL SECURITY NO. <b>462-26-2058</b>	
17. INFORMANT <b>Harold Lukefahr</b>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b> DUE TO (b) <b>arteriosclerotic Heart Dis</b> 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>			
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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0;">TEXAS DEPARTMENT OF HEALTH</p> <p style="margin: 0;">REC'D JAN 11 1968</p> <p style="margin: 0;">BUREAU OF VITAL STATISTICS</p> </div>			
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 <b>Bay City, Tex</b>			
21. I hereby certify that I attended the deceased from <b>12/22</b> to <b>12/26</b> and last saw the deceased alive on <b>12/24/67</b> . 19____ Death occurred at <b>12:40 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>12/25/67</b>			
22a. SIGNATURE <b>Walter A. Smith</b>		22b. ADDRESS <b>Bay City, Tex</b>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/27/67</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Roselawn Memorial Park</b>	
23d. LOCATION (City, town, or county) (State) <b>Van Vleck, Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Don Jean Taylor #489</b>		25c. REGISTRAR'S SIGNATURE <b>Myrtle A. Smith</b>	
25a. REGISTRAR'S FILE NO. <b>159</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>1-2-68</b>		25c. REGISTRAR'S SIGNATURE	

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58