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STATE OF TEXAS 161-01-21 161-00 CERTIFICATE OF DEATH STATE FILE NO. 10573

1. PLACE OF DEATH a. COUNTY Matagorda		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Matagorda	
b. CITY OR TOWN (If outside city limits, give precinct no.) Bay City		c. CITY OR TOWN (If outside city limits, give precinct no.) Bay City -	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Matagorda General Hospital		d. STREET ADDRESS (If rural, give location) Route 1	
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) Elsie		4. DATE OF DEATH 2/9/61	
(a) First Waugh		(b) Middle Lukefahr	
(c) Last Waugh			
5. SEX female	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 9/22/1896
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) Brayton, Nebraska
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME E. V. Waugh	
14. MOTHER'S MAIDEN NAME Mary Ann Carey		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.		17. INFORMANT E. L. Lukefahr	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE DUE TO (b) CALCIFIC AORTIC STENOSIS DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ACUTE MYOCARDIAL INFARCT			INTERVAL BETWEEN ONSET AND DEATH 2 MOS. 5 YRS.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ 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 (a.g., in or about home, farm, factory, street, office building, etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY	
20h. STATE		20i. TEXAS DEPARTMENT OF HEALTH REC'D MAR 10 1961 BUREAU OF VITAL STATISTICS	
21. I hereby certify that I attended the deceased from JAN. 19 1961 to 2/9 1961 and last saw the deceased alive on 2/9 1961 . Death occurred at 1:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. H. Cannon, Jr.		22b. ADDRESS 2304 Ave 6, Bay City, Tex.	
22c. DATE SIGNED 2/10/61		22d. (Degree or title) M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/11/61	
23c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial Park		23d. LOCATION (City, town, or county) Van Vleck Texas	
23e. FUNERAL DIRECTOR'S SIGNATURE Frank Shaw Taylor		23f. REGISTRAR'S SIGNATURE Myrtle D. Smith	
24. REGISTRAR'S FILE NO. 12		24a. DATE REC'D BY LOCAL REGISTRAR Feb 17, 1961	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58