

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

4432 27

STATE OF TEXAS 101-01-2 101-01 CERTIFICATE OF DEATH STATE FILE NO. **78403**

1. PLACE OF DEATH a. COUNTY Harris		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Harris	
b. CITY OR TOWN (If outside city limits, give precinct no.) Houston		c. LENGTH OF STAY in 1. 60 Yrs.	c. CITY OR TOWN (If outside city limits, give precinct no.) Houston
d. NAME OF (If not in hospital, give street name) HOSPITAL OR INSTITUTION 5600 Chenevert St.		d. STREET ADDRESS (If rural, give location) 3247 Truxillo St.	
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 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) Thelma		4. DATE OF DEATH November 12, 1968	
5. SEX Female		6. COLOR OR RACE Negro	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 30, 1900	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician	
11. BIRTHPLACE (State or foreign country) Huntsville, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Mason B. Patten		14. MOTHER'S MAIDEN NAME Pauline Garza	
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 Miss Pauline Law			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Primary Congestive RECORDING DATE 29 1968 DUE TO (b) Septicemic Intercardiac Heart BUREAU OF VITAL STATISTICS (c) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 4 days 6 months			
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"/>			
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		COUNTY STATE	
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ and last saw the deceased alive on _____ 19____. Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. K. Miner		22b. ADDRESS 3024 Halman	
22c. DATE SIGNED 11/14/68			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE November 16, 1968	
23c. NAME OF CEMETERY OR CREMATORY Paradise North			
23d. LOCATION (City, town, or county) Houston Texas		24. FUNERAL DIRECTOR'S SIGNATURE Fairchild-Purnell Mortuary	
25a. REGISTRAR'S FILE NO. 8853		25b. DATE REC'D BY LOCAL REGISTRAR NOV. 14, 1968	
25c. REGISTRAR'S SIGNATURE Geraldine R. Harris			



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED **JAN 21 2009**

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

