

233-1-0-2 233-1-0

TEXAS DEPARTMENT OF HEALTH 2600 19
BUREAU OF VITAL STATISTICS

61727

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY <u>Val Verde</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Val Verde</u>	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) <u>Del Rio</u>		c. CITY (If outside corporate limits, write RURAL and give precinct no.) <u>Del Rio</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>M&S Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>1123 South Main</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u>		b. (Middle) <u>Pearl</u>	
c. (Last) <u>Daniels</u>		4. DATE OF DEATH <u>November 21, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 18, 1893</u>
9. AGE YEARS MONTHS DAYS <u>63</u> <u>5</u> <u>3</u>		IF UNDER 24 HRS. Hours Min. <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Houston, Texas</u>		12. FATHER'S NAME BIRTHPLACE <u>George T. Brown Iowa</u>	
13. MOTHER'S MAIDEN NAME BIRTHPLACE <u>Mary Munson Texas</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
15. SOCIAL SECURITY NO. <u>None</u>		16. INFORMANT'S SIGNATURE <u>X M M X Daniels</u>	
17. CAUSE OF DEATH Enter only one 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) <u>Ventricular Fibrillation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Diabetes Mellitus</u> 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 PRECINCT NO.) (COUNTY) (STATE) <u>TEXAS DEPARTMENT OF HEALTH</u> <u>REC'D DEC 4 1956</u> <u>BUREAU OF VITAL STATISTICS</u>			
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 attended the deceased from <u>July 1, 1956</u> , to <u>21 Sept, 1956</u> , that I last saw the deceased alive on <u>2 Sept, 1956</u> , and that death occurred at <u>6:14 A.M.</u> , from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>George T. Hemmann, M.D.</u>		22b. ADDRESS <u>101 Toraya Del Rio, Tex</u>	
22c. DATE SIGNED <u>24 Nov. 56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>November 23, 1956</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u>			
23d. LOCATION (City, town, or county) (State) <u>Del Rio, Texas</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>Doran Funeral Home - H. B. Doran</u>	
25a. REGISTRAR'S FILE NO. <u>126</u>		25b. DATE REC'D BY LOCAL REGISTRAR <u>11-27-56</u>	
25c. REGISTRAR'S SIGNATURE <u>Virginia C. Murray, Del Rio, Tex</u>			