

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

4420 27
Dr. S. L. Monroe

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. 13611

1. PLACE OF DEATH a. COUNTY GRAYSON		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Texas b. COUNTY Grayson	
b. CITY (if outside corporate limits, write RURAL and give precinct no.) OR TOWN Sherman		c. CITY (if outside corporate limits, write RURAL and give precinct no.) OR TOWN Sherman	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital		d. STREET ADDRESS 1714 N. Pecan Street	
3. NAME OF DECEASED (Type or Print) a. (First) Joe b. (Middle) W. c. (Last) Chumbley, Sr.		4. DATE OF DEATH 2-27-1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-3-1886
9. AGE YEARS MONTHS DAYS 66 3 24		9. AGE YEARS MONTHS DAYS 66 3 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Guard		10b. KIND OF BUSINESS OR INDUSTRY Plant Protection	
11. BIRTHPLACE (State or foreign country) Somerset, Kentucky		12. BIRTHPLACE (State or foreign country) Somerset, Kentucky	
12. FATHER'S NAME Alexander Chumbley		13. MOTHER'S MAIDEN NAME not known	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		15. SOCIAL SECURITY NO. ---	
16. INFORMANT'S SIGNATURE Joe Chumbley, Jr.		17. INFORMANT'S SIGNATURE Joe Chumbley, Jr.	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Uremia		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH 1 month	
ANTECEDENT CAUSES Aforementioned conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Arteriosclerosis DUE TO (c) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH 1 year 4 years	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		TEXAS DEPARTMENT OF HEALTH REC'D APR 5 1953 BUREAU OF VITAL STATISTICS	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20d. TIME (Month) (Day) (Year) (Hour) (Min) INJURY		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20f. HOW DID INJURY OCCUR		20f. HOW DID INJURY OCCUR	
21. I hereby certify that I attended the deceased from 3-22, 1952 , to 2-27, 1953 , that I last saw the deceased alive on 2-27, 1953 , and that death occurred at Pecos, m. , from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) Stanley E. Monroe, MD		22b. ADDRESS 109 N Walnut Sherman, Texas	
22c. DATE SIGNED 3-10-53		22c. DATE SIGNED 3-10-53	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-28-1953	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. LOCATION (City, town, or county) (State) Sherman, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Waldo Federal Home	
25a. REGISTRAR'S FILE NO. 1881		25b. DATE REC'D BY LOCAL REGISTRAR 3-13-53	
25c. REGISTRAR'S SIGNATURE R. Monroe		25c. REGISTRAR'S SIGNATURE R. Monroe	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#2371