

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY <u>Bailey</u>			2. Usual Residence (Where deceased lived. If institution; residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Bailey</u>		
b. CITY OR TOWN (If outside city limits, give precinct No.) <u>Muleshoe</u>		c. LENGTH OF STAY In <u>30</u> years	c. CITY OR TOWN (If outside city limits, give precinct no.) <u>Muleshoe</u>		
d. Name of Hospital or Institution (If not in hospital, give street address) <u>615 E. 5th</u>			d. STREET ADDRESS (If rural, give location) <u>615 E. 5th</u>		
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"/>		
3. NAME OF DECEASED (Type or print) (a) First <u>GERTRUDE</u> (b) Middle <u>-</u> (c) Last <u>DORN</u>			4. DATE OF DEATH <u>October 11, 1969</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 10, 1902</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Minutes <u> </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>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Jimmy Anderson</u>			14. MOTHER'S MAIDEN NAME <u>Myra Rainwater</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. Social Security No. <u>1150-60-6549-A</u>	17. INFORMANT <u>R. E. Dorn</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))					
PART I. DEATH WAS CAUSED BY:					
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.	IMMEDIATE CAUSE (a) <u>Heartfailure (Died in sleep)</u>				Interval between onset and death
	DUE TO (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)					
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 <u>Oct. 11</u> , 19 <u>69</u> to <u>Oct. 11</u> , 19 <u>69</u> and last saw the deceased alive on <u>died in sleep</u> , 19 <u> </u> . Death occurred at <u>5:00 A</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>B. O. McDaniel</u>		22b. ADDRESS <u>Muleshoe, Texas</u>	22c. DATE SIGNED <u>Oct. 24/69</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 13, 1969</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Muleshoe Cemetery</u>		
23d. LOCATION <u>Muleshoe, Texas</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>Singleton by John R. Blackwell #5913</u>			
25a. REGISTRAR'S FILE NO. <u>47</u>		25b. DATE REC'D BY LOCAL REGISTRAR <u>10-24-69</u>	25c. REGISTRAR'S SIGNATURE <u>Joe D. Vaughn</u>		
IF DECEASED SERVED IN U.S. ARMED FORCES, FILL OUT THE FOLLOWING:					
Is the deceased reported to have been in such service?	Name of organization in which service was rendered?		Serial number of discharge papers or adjusted service certificate?		
Name of next of kin or of next friend?			Post Office Address?		
IF DECEASED WAS MARRIED, FILL OUT THE FOLLOWING:					
Name of husband or wife <u>R. E. Dorn</u>					Age in years <u>70</u>
IF DECEASED IS AN UNIDENTIFIED PERSON, FILL OUT THE FOLLOWING:					
Color of Hair?	Color of Eyes?	Height?	Ft.	In.	Weight?
Deformities?		Tattoo Marks?		Other marks of identification?	

Filed October 24 1969 Hazel Gilbreath County Clerk

#1262