

152-02-152-10

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1510 17

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

8757

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Lubbock | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas b. COUNTY Lubbock | | | |
| b. CITY (If outside corporate limits, write RURAL and give precinct no.) Lubbock | | | | c. CITY (If outside corporate limits, write RURAL and give precinct no.) Lubbock | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Garrett's Convalescent Home | | | | d. STREET ADDRESS (If rural, give location) 2806 Cornell | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) George | | b. (Middle) Washington | | c. (Last) Rainwater | |
| 4. DATE OF DEATH Feb. 20, 1955 | | 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH Sept. 14, 1870 | | 9. AGE 84 | | YEARS 5 | | MONTHS 6 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (State or foreign country) Ark. | | | |
| 12. FATHER'S NAME John Rainwater | | BIRTHPLACE unknown | | 13. MOTHER'S MAIDEN NAME Bell McKeever | | BIRTHPLACE Unknown | |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 15. SOCIAL SECURITY NO. | | 16. INFORMANT'S SIGNATURE <i>A. L. Rainwater</i> | | | |
| 17. CAUSE OF DEATH Enter only one number line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral metastasis (adenocarcinoma) DUE TO (c) Adenocarcinoma, stomach, primary II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart disease | | | | INTERVAL BETWEEN ONSET AND DEATH 1 h. 6 mos. 6 mos. | |
| 18a. DATE OF OPERATION no | | 18b. MAJOR FINDINGS OF OPERATION no | | 19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT SUICIDE HOMICIDE (Specify) no | | 20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE) TEXAS DEPARTMENT OF HEALTH | | | |
| 20d. TIME OF INJURY (Month) (Day) (Year) (Hour) no | | 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. HOW DID INJURY OCCUR? REC'D MAR 11 1955 BUREAU OF VITAL STATISTICS | | | |
| 21. I hereby certify that I attended the deceased from 27-1955 , to Feb 20, 1955 , that I last saw the deceased alive on Feb 16, 1955 , and that death occurred at 11 P. m. , from the causes and on the date stated above. | | | | | | | |
| 22a. SIGNATURE <i>E. E. McNamee</i> | | (Degree or title) MD | | 22b. ADDRESS Lubbock 761 College Ave | | 22c. DATE SIGNED 3-2-55 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE Feb. 21, 1955 | | 23c. NAME OF CEMETERY OR CREMATORY Prairieview Cemetery | | | |
| 23d. LOCATION (City, town, or county) (State) Anson Texas | | 24. FUNERAL DIRECTOR'S SIGNATURE Sanders Funeral Home by Cecil Sanders | | | | | |
| 25a. REGISTRAR'S FILE NO. 110 | | 25b. DATE REC'D BY LOCAL REGISTRAR 3-3-1955 | | 25c. REGISTRAR'S SIGNATURE Laveria Lowe By: G. L. E. | | | |

#1810

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE