

221-102-127-00

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF TEXAS
CERTIFICATE OF DEATH

420.1

25

STATE FILE NO.

64083

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY Taylor			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Jones		
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR Abilene			c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR Rural		
d. FULL NAME OF HOSPITAL OR INSTITUTION Hendrick Memorial Hospital			d. STREET ADDRESS (If rural, give location) 6 miles South-West of Anson		
3. NAME OF DECEASED (Type or Print) a. (First) Gustina		b. (Middle) Adolph		c. (Last) Rainwater	
4. DATE OF DEATH 12-5-55					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 5-15-1898	9. AGE YEARS MONTHS DAYS 57 6 20 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Texas	
12. FATHER'S NAME W.T. Rainwater		BIRTHPLACE Arkansas		13. MOTHER'S MAIDEN NAME Gussie Maedgin	
BIRTHPLACE Texas					
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE Mrs. Ludie Rainwater	
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, asthma, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive and coronary arteriosclerotic heart disease with myocardial failure					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized					
DUE TO (c)					
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)	
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 10-26 , 19 55 , to 12-5 , 19 55 , that I last saw the deceased alive on 12-5 , 19 55 , and that death occurred at 10:30 AM , from the causes and on the date stated above.					
22a. SIGNATURE Bernard H. Acott M.D.		22b. ADDRESS Abilene, Texas		22c. DATE SIGNED 12-8-55	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-6-55		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
23d. LOCATION (City, town, or county) Anson Jones Tex.		24. FUNERAL DIRECTOR'S SIGNATURE Lawrence Funeral Home by			
25a. REGISTRAR'S FILE NO. 480		25b. DATE REC'D BY LOCAL REGISTRAR 12-14-55		25c. REGISTRAR'S SIGNATURE Lucille Dunn	

#1827