1981-02 — 178-1-0 550-0 33

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

STATE FILE NO. 32278

1. PLACE OF DEATH
a. COUNTY: Nueces
b. CITY OR TOWN (If outside corporate limits, write RURAL and give precinct no.): Corpus Christ i
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ghormley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Nueces
c. CITY OR TOWN (If outside corporate limits, write RURAL and give precinct no.): Corpus Christi
d. STREET ADDRESS (If rural, give location): 5666 Hall

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): Ellis
c. (Last): Rainwater

4. DATE OF DEATH: June 2, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 7, 1909
9. AGE — YEARS: 44 — MONTHS: 1 — DAYS: 26 — If under 24 hrs. Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Furniture
11. BIRTHPLACE (State or foreign country): Lampasas, Texas

12. FATHER'S NAME: Louis Rainwater — BIRTHPLACE: La.
13. MOTHER'S MAIDEN NAME: Lela Griffin — BIRTHPLACE: Texas

14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
15. SOCIAL SECURITY NO.:
16. INFORMANT'S SIGNATURE: Doris M. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Toxemia — Interval between onset and death: June 1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pelvic Abscess — May 30
DUE TO (c): Gangrenous appendix — May 26

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

18a. DATE OF OPERATION: May 26-53 & 6-2-53
18b. MAJOR FINDINGS OF OPERATION: Pelvic Abscess
19. AUTOPSY? YES ☐ NO ☒

TEXAS DEPARTMENT OF HEALTH
REC'D JUL 8 1953
BUREAU OF VITAL STATISTICS

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 — County) (State):
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20f. HOW DID INJURY OCCUR?

21. *I hereby certify that I attended the deceased from _____, 19___, to* JUNE 2, *1953, that I last saw the deceased alive on* JUNE 2, *1953, and that death occurred at* 5:15 P *m., from the causes and on the date stated above.*

22a. SIGNATURE (Degree or title): W. Ghormley MD
22b. ADDRESS: 615 OLIVER, CORPUS CHRISTI, TEXAS
22c. DATE SIGNED: 6/3/53

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JUNE 5, 1953
23c. NAME OF CEMETERY OR CREMATORY: ROSEHILL CEMETERY
23d. LOCATION (City, town, or county) (State): CORPUS CHRISTI, TEXAS
24. FUNERAL DIRECTOR'S SIGNATURE: DUNNE FUNERAL SERVICE BY Peter Dunne

25a. REGISTRAR'S FILE NO.: 395
25b. DATE REC'D BY LOCAL REGISTRAR: 6/3/53
25c. REGISTRAR'S SIGNATURE: G. Lauer

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#18387