

1. PLACE OF DEATH a. COUNTY Grayson b. CITY OR TOWN (If outside city limits, give precinct no.) Sherman c. LENGTH OF STAY 6 days d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Sherman Community Hospital e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas b. COUNTY Grayson c. CITY OR TOWN (If outside city limits, give precinct no.) Tom Bean d. STREET ADDRESS (If rural, give location) (no street address) Tom Bean e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Robert Chumbley (a) First (b) Middle (c) Last				4. DATE OF DEATH 1-1-69			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
8. DATE OF BIRTH 1-12-1875		9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months Days Hours Minutes			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Kentucky			
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME Alexander Chumbley		14. MOTHER'S MAIDEN NAME Sarelda Rainwater			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 64-88-5282 T		17. INFORMANT Mrs. Rose Chumbley Rose-Chumbley			
18. CAUSE OF DEATH (Enter only one cause operative for (a), (b), and (c).) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> TEXAS DEPARTMENT OF HEALTH RECEIVED APR 9 1969 BUREAU OF VITAL STATISTICS </div> <div style="width: 40%;"> IMMEDIATE CAUSE (a) Encephalomalacia cerebral thrombosis cerebral atherosclerosis </div> <div style="width: 20%;"> INTERVAL BETWEEN ONSET AND DEATH acute years </div> </div>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic Heart Disease							
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		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>					
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 1-1-69 1960 Jan 1, 1969 19 and last saw the deceased alive on 1-1-69 19 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Ansley H. Jones M.D. (Degree or title)		22b. ADDRESS 600 N. Highway Sherman Tex		22c. DATE SIGNED 3-22-69			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-2-69		23c. NAME OF CEMETERY OR CREMATORY Vittitoe Cemetery			
23d. LOCATION (City, town, or county) (State) Grayson County, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Renfro-Barrett Funeral Home Carl Hodges					
25a. REGISTRAR'S FILE NO. 69 133		25b. DATE REC'D BY LOCAL REGISTRAR 3-28-69		25c. REGISTRAR'S SIGNATURE J. Spears			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112 REV. 1/58