STATE OF TEXAS 52-01-21 15		TE OF DEATH	STATE FILE NO.	4 4 6 1		
		2. USUAL RESIDENCE (Where de	ceased lived. If institution	residence before		
a. COUNTY Lubbock	. STATE Texas	b. COU	INITY -	bock		
b. CITY OR TOWN (If outside city limits, give precinct no.)	c. CITY OR TOWN (If outside city limits, give precinct no.)					
Lubbock	Lubbock					
d. NAME OF (If not in hospital, give street address) HOSPITAL OR	d. STREET ADDRESS (If rural, give location)					
INSTITUTION Ray's Hospi	tality House		th Street			
e. IS PLACE OF DEATH INSIDE CITY LIMITS?		e. IS RESIDENCE INSIDE O		I IC DECIDENCE	E ON A FARM?	
YES X		ABO ABO		T. 15 RESIDENC	E ON A FARM?	
3. NAME OF (a) First	NO 🔲 -	YES K)	NO ☐	YES		NOX
DECEASED (Type or print) OLLTE	DELILAH	BOUSMAN		0 104		
5. SEX 6. COLOR OR RACE	77.	8. DATE OF BIRTH	July 1	2, 196	CAR LIFTINIDE	5 57 175
Female White	Married Never Married		9. AGE (In years last birthday)	Months Days	Hours	Minutes
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND	Widowed Divorced Divorced		3/1 89	0.00	74 TOG	25
and the state of t		11. BIRTHPLACE (State or foreign	country)		F WHAT COUN	NTRY?
Housewife Home		lexas	er v		. S. A.	
		14. MOTHER'S MAIDEN NAME			19 /5 / L	,
OILDET SOIL		Mary Singleton				
Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT				
NO		Mrs. Gordon	Deering			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]				INTERVAL BETWEEN		
TEXAS DEPARTMENT OF HEALTH					ONSET AND I	
REC'anditio JUL. 28, 18661 ure.	r relinacieinric	Heart disease M	ith neart		2 - 3	wks.
MED Conditions Way, 20 10001 UTC.						
which gave rise to						
BUREAR CONTINUE TO THE TO THE TO THE TO	Generalized arte	riosclerosis.			Many ye	ars.
BUREAU CONTROL STATISTICS DUE TO (b) 1	Generalized arte	riosclerosis.			Many ye	ars.
BUREAU THE WITAL STATISTICS DUE TO 161						
BUREAU COMMITTAL STATISTICS TO IN INTERIOR TO IN INTERIOR TO IN INTERIOR TO IN INTERIOR TO			CONDITION GIVEN IN		Many ye	
BUREAU COUNTAL STATISTICS DUE TO (6) DUE TO (6) PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE			19. WAS AUTO	
BUREAU CIDE OF THE SIGNIFICANT CONDITIONS CONT None		ATED TO THE TERMINAL DISEASE			19. WAS AUTO FORMED?	OPSY PER
BUREAU CONTROL STATISTICS DUE TO (6) DUE TO	RIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE			19. WAS AUTO FORMED?	OPSY PER
BUREAU CIDE IN TAL STATISTICS DUE TO [6] Viring cause last DUE TO [6] DUE TO	RIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE			19. WAS AUTO FORMED?	OPSY PER
BUREAU OF Hour Month Day Year INJURY - a.m.	RIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE URRED. (Enter nature of injury in Part			19. WAS AUTO FORMED?	OPSY PER
BUREAU CHE IN TAL STATISTICS DUE TO (b)	RIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE URRED. (Enter nature of injury in Parl DF. CITY, TOWN, OR LOCATION	t I or Part II of Item 18.)	PART I(a)	19. WAS AUTO FORMED? YES	OPSY PER
BUREAL COUNTAL STATISTICS DUE TO (b) Ving cause last DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONT None 20e. ACCIDENT SUICIDE HOMICIDE 2 20c. TIME OF Hour Month Day Year INJURY a.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e street, office building, expects of the control of the contro	RIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE URRED. (Enter nature of injury in Parl DF. CITY, TOWN, OR LOCATION	t I or Part II of Item 18.)	PART I(a)	19. WAS AUTO FORMED? YES	DPSY PER
BUREAL STATISTICS DUE TO (b)	RIBUTING TO DEATH BUT NOT REL Ob. DESCRIBE HOW INJURY OCCI G., in or about home, farm, factory.	ATED TO THE TERMINAL DISEASE URRED. (Enter nature of injury in Part OF. CITY, TOWN, OR LOCATION	COUNTY	PART I(a)	19. WAS AUTO FORMED? YES ST.	NO D
BUREAL COUNTAL STATISTICS DUE TO (b) Ving cause last DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONT None 20e. ACCIDENT SUICIDE HOMICIDE 2 20c. TIME OF Hour Month Day Year INJURY a.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e street, office building, expects of the control of the contro	RIBUTING TO DEATH BUT NOT REL Ob. DESCRIBE HOW INJURY OCCI .g., in or about home, farm, factory, 20	ATED TO THE TERMINAL DISEASE URRED. (Enter nature of injury in Part Of. CITY, TOWN, OR LOCATION 19. 54 to 12 July	COUNTY	PART I(a)	19. WAS AUTO FORMED? YES ST.	NO DE
BUREAU CHURCH AND TALL STATISTICS DUE TO (b) Ving cause lest DUE TO (c) DUE	RIBUTING TO DEATH BUT NOT REL Ob. DESCRIBE HOW INJURY OCCI .g., in or about home, farm, factory. 20 stc.) Ovember 9. Death occurred at 7	ATED TO THE TERMINAL DISEASE URRED. (Enter nature of injury in Part Of. CITY, TOWN, OR LOCATION 19. 54 to 12 July	COUNTY	PART I(a)	19. WAS AUTO FORMED? YES ST.	NO P
BUREAL STATISTICS DUE TO (b)	RIBUTING TO DEATH BUT NOT REL Ob. DESCRIBE HOW INJURY OCCI .g., in or about home, farm, factory. 20 stc.) OVEMBER 9. Death occurred at 7	DF. CITY, TOWN, OR LOCATION 19 54 to 12 July 100 P m. on the date st.	COUNTY	PART I(a) 1966 and ast of my knowled	I9. WAS AUTO FORMED? YES ST.	ATE cossed alivuses states NED
BUREAL STATISTICS DUE TO (b)	RIBUTING TO DEATH BUT NOT REL Ob. DESCRIBE HOW INJURY OCCI .g., in or about home, farm, factory, 20 stc.) Ovember 9. Death occurred at 7 (Degree or title) 22	ATED TO THE TERMINAL DISEASE URRED. (Enter nature of injury in Parl Df. CITY, TOWN, OR LOCATION 19 54 to 12 July 100 P	COUNTY Ated above, and to the b	PART I(a) 1966 and ast of my knowled	19. WAS AUTO FORMED? YES ST.	ATE cossed alivuses states NED
BUREAL STATISTICS DUE TO (b)	RIBUTING TO DEATH BUT NOT REL Ob. DESCRIBE HOW INJURY OCCI g., in or about home, farm, factory, 26 stc.) Ovember Death occurred at 7 (Degree or title) 22	DF. CITY, TOWN, OR LOCATION 19. 54 to 12 July 10. P. m. on the date st. 23. NAME OF CEMETERY OR C.	COUNTY Ated above, and to the b COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	PART I(a) 1966 and lest of my knowled	I9. WAS AUTO FORMED? YES ST.	ATE cossed alivuses states NED
BURLAL DUBLISH DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONT None 20e. ACCIDENT SUICIDE HOMICIDE 2 20c. TIME OF Hour Month Day Year INJURY e.m. 20d. INJURY OCCURRED 20d. INJURY OCCURRED WHILE AT AT WORK AT WORK AT WORK 21. 1 hereby certify that I attended the deceased from 2 22e. SIGNATURE R. C. DOUGLAS M. D. 3a. BURIAL, CREMATION. REMOVAL (Specify) Burial	RIBUTING TO DEATH BUT NOT REL Ob. DESCRIBE HOW INJURY OCCI .g., in or about home, farm, factory, 20 stc.) Ovember 9. Death occurred at 7 (Degree or title) 22	DF. CITY, TOWN, OR LOCATION 19 54 to 12 July 100 P m. on the date st. 1318 Main Stree 23c. NAME OF CEMETERY OR C. Resthaven M.	COUNTY ated above, and to the b t.Lubbock, T REMATORY Lemorial F	PART I(a) 1966 and lest of my knowled	I9. WAS AUTO FORMED? YES ST.	ATE cossed alivuses states NED
BUREAL STATISTICS DUE TO (b)	RIBUTING TO DEATH BUT NOT REL Ob. DESCRIBE HOW INJURY OCCI Og., in or about home, farm, factory. Overher Death occurred at 7 (Degree or title) OATE July 14, 1966 (State)	DF. CITY, TOWN, OR LOCATION 19. 54 to 12 July 19. 54 to 12 July 19. 50 P m. on the date st. 1318 Main Stree 23c. NAME OF CEMETERY OR C. Resthaven M. 24. FUNERAL DIRECTOR'S SIGNA	COUNTY Ated above, and to the b COUNTY COUN	PART I(a) 1966 and lest of my knowled	I9. WAS AUTO FORMED? YES ST.	ATE cossed alivuses states NED
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