

STATE OF TEXAS

030-00-2 030-00 CERTIFICATE OF DEATH

STATE FILE NO.

16592

1. PLACE OF DEATH a. COUNTY <u>Callahan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Callahan</u>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <u>Baird</u>		c. LENGTH OF STAY in 1 b. <u>3 days</u>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <u>Callahan County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>240 East 6th</u>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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) (a) First <u>Jeffie</u> (b) Middle <u>Elizabeth</u> (c) Last <u>Morgan</u>		4. DATE OF DEATH <u>3-2-70</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>caucasian</u>	
7. MARRIAGE STATUS Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-9-1881</u>	
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Stephen H. French</u>		14. MOTHER'S MAIDEN NAME <u>Delona Elizabeth white</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>454-88-0632-T</u>	
17. INFORMANT <u>Mrs. Earl Suggs - daughter</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u> DUE TO (b) <u>Congestive heart failure</u> DUE TO (c) <u>Arteriosclerosis</u>	
19. INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>4 days</u> <u>10 years</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
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 <u>6-6</u> to <u>3-1</u> 19 <u>70</u> and last saw the deceased alive on <u>3-1</u> 19 <u>70</u> . Death occurred at <u>6:10 a</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J E Morgan</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Clayton, Tex</u>	
22c. DATE SIGNED <u>3-18-70</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3-3-70</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Ross Cemetery</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>Godfrey Funeral Home 4393 James K. Godfrey</u>	
25a. REGISTRAR'S FILE NO. <u>492</u>		25b. DATE REC'D BY LOCAL REGISTRAR <u>3/23/70</u>	
25c. REGISTRAR'S SIGNATURE <u>Laraine Jones</u>			

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58