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**TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS**

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. **13957**

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Lamar</b> b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>R. R. # 6, Paris</b> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R. R. # 6</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Lamar</b> c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>R. R. # 6</b> d. STREET ADDRESS (If rural, give location)	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Ruben Alexander Adams</b> a. (First) b. (Middle) c. (Last)		<b>4. DATE OF DEATH</b> <b>3-10-55</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>12-24-78</b>
<b>9. AGE</b> YEARS MONTHS DAYS <b>76 2 16</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Stockman</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Stockman</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Texas</b>		<b>12. FATHER'S NAME</b> <b>Elisha Adams</b> <b>BIRTHPLACE</b> <b>Kentucky</b>	
<b>13. MOTHER'S MAIDEN NAME</b> <b>Dk.</b> <b>BIRTHPLACE</b> <b>Dk.</b>		<b>14. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (If yes, give war or dates of service)	
<b>15. SOCIAL SECURITY NO.</b>		<b>16. INFORMANT'S SIGNATURE</b> <b>Mrs. Truman Garrison</b>	
<b>MEDICAL CERTIFICATION</b>			
<b>17. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b> DUE TO (c)			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>18a. DATE OF OPERATION</b>		<b>18b. MAJOR FINDINGS OF OPERATION</b>	
<b>20a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>20b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>20c. (CITY, TOWN, OR PRECINCT NO.)</b> (COUNTY) (STATE)		<b>19. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>20d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>20e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>20f. HOW DID INJURY OCCUR?</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;">                     TEXAS DEPARTMENT OF HEALTH                      REC'D APR 11 1955                      BUREAU OF VITAL STATISTICS                 </div>	
<b>21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.</b>			
<b>22a. SIGNATURE</b> <b>Donald R. Lane M.D.</b>		<b>22b. ADDRESS</b> <b>Paris, Tex.</b>	
<b>22c. DATE SIGNED</b> <b>3-14-55</b>		<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	
<b>23b. DATE</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Providence</b>	
<b>23d. LOCATION</b> (City, town, or county) (State) <b>Lamar Co., Texas</b>		<b>24. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Gene Roden &amp; Sons</b>	
<b>25a. REGISTRAR'S FILE NO.</b> <b>1-22</b>		<b>25b. DATE REC'D BY LOCAL REGISTRAR</b> <b>3.19.1955</b>	
<b>25c. REGISTRAR'S SIGNATURE</b> <b>R. J. Payne</b>			