

1. PLACE OF DEATH a. COUNTY Harris			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Harris		
b. CITY OR TOWN (If outside city limits, give precinct no.) Houston		c. LENGTH OF STAY in l. b. 40 Years		c. CITY OR TOWN (If outside city limits, give precinct no.) Houston	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Medical Arts Hospital			d. STREET ADDRESS (If rural, give location) 1787 Pasadena Street		
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) FRANK SAMUEL BARNES			4. DATE OF DEATH September 27, 1967		
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 Jan. 9, 1900	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Airport		11. BIRTHPLACE (State or foreign country) Dallas, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Frank Barnes			14. MOTHER'S MAIDEN NAME Clara Zintgraff		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 466-09-0104		17. INFORMANT Mrs Frank Barnes	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes mellitus					
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			TEXAS DEPARTMENT OF HEALTH REC'D OCT 12 1967 BUREAU OF VITAL STATISTICS COUNTY STATE		
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.)				
21. I hereby certify that I attended the deceased from 6-21 1967 to 9-27 1967 and last saw the deceased alive on 9-26 1967 . Death occurred at 8:00 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph J. Rauter M.D.			22b. ADDRESS Medical Arts Building Houston, Texas		22c. DATE SIGNED 10-4-67
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 29, 1967	23c. NAME OF CEMETERY OR CREMATORY Forest Park East Cemetery		
23d. LOCATION (City, town, or county) Houston, Harris Co., Texas		24. FUNERAL DIRECTOR'S SIGNATURE Ronald Coleman	24. FUNERAL HOME Forest Park Funeral Home		#5825
25a. REGISTRAR'S FILE NO. 07791		25b. DATE REC'D BY LOCAL REGISTRAR OCT. 5, 1967		25c. REGISTRAR'S SIGNATURE J. D. Albam	

MEDICAL CERTIFICATION

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