

147-01-1-147-07

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NO.

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY Limestone		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Texas b. COUNTY Limestone	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Mexia, Texas R.F.D.# 1		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Mexia, Texas	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles S.West of Mexia		d. STREET ADDRESS (If rural, give location) 504 East Hopkins St	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Newton c. (Last) Carden Jr.		4. DATE OF DEATH Feb. 8, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 19, 1921
9. AGE YEARS MONTHS DAYS 27 8 19		10. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Base Ball Player		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Killeen, Texas		12. FATHER'S NAME John B. Carden Sr. BIRTHPLACE Alabama	
13. MOTHER'S MAIDEN NAME Barba Northcut BIRTHPLACE Sparta, Texas		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) World War # 2	
15. SOCIAL SECURITY NO. 461-20-6544		16. INFORMANT'S SIGNATURE Mrs. Callen Carden	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrol Shock. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DEPARTMENT OF HEALTH RECEIVED MAR 11 1949 TEXAS BUREAU OF VITAL STATISTICS	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mexia, Texas	20c. CITY, TOWN, OR PRECINCT (STATE) Mexia Limestone Texas	
20d. TIME OF INJURY (Month) (Day) (Year) 2-8-49	20e. INJURY OCCURRED (Hour) 40 m.	20f. HOW DID INJURY OCCUR? Contacted live wire	
21. I hereby certify that I attended the deceased from 2-8, 1949 , to 2-8, 1949 , that I last saw the deceased alive on 4 , 19 49 , and that death occurred at 4 m., from the causes and on the date stated above.		22a. SIGNATURE (Degree or title) D. T. Christopher	
22b. ADDRESS Mexia, Texas		22c. DATE SIGNED Feb. 10, 1949	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 10, 1949	
23c. NAME OF CEMETERY OR CREMATORY Mexia City Cemetery		23d. LOCATION (City, town, or county) (State) Mexia Texas	
24. FUNERAL DIRECTOR'S SIGNATURE Wray D. McElroy		25a. REGISTRAR'S FILE NO. 97	
25b. DATE REC'D BY LOCAL REGISTRAR Feb. 17-49		25c. REGISTRAR'S SIGNATURE D. W. Wilson	