

STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO.

17439

1. PLACE OF DEATH a. COUNTY Anderson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Anderson	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Palestine		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Palestine	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence-604 N. Sycamore Street		d. STREET ADDRESS (If rural, give location) 604 N. Sycamore Street	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Wesley c. (Last) Combs		4. DATE OF DEATH April 15, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 18, 1882
9. AGE YEARS 74 MONTHS 4 DAYS 27		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Baseball Coach and Player	
11. BIRTHPLACE (State or foreign country) Iowa		12. FATHER'S NAME No Record BIRTHPLACE No Record	
13. MOTHER'S MAIDEN NAME No Record BIRTHPLACE No Record		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
15. SOCIAL SECURITY NO. 214-16-9785		16. INFORMANT'S SIGNATURE Jack Combs Russ	
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) Coronary occlusion 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. none	
18a. DATE OF OPERATION none		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE (Specify) none	
20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20f. HOW DID INJURY OCCUR?		TEXAS DEPARTMENT OF HEALTH REC'D MAY 17 1957 BUREAU OF VITAL STATISTICS	
21. I hereby certify that I attended the deceased from April 15, 1957 , to April 15, 1957 , that I last saw the deceased alive on Apr 15, 1957 , and that death occurred at 4 P m., from the causes and on the date stated above.			
22a. SIGNATURE Robert G. Carl MD (Degree or title)		22b. ADDRESS Palestine, Texas	
22c. DATE SIGNED 4-17-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE April 16, 1957		23c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery	
23d. LOCATION (City, town, or county) (State) Palestine, Texas		24. FUNERAL DIRECTOR'S SIGNATURE James T. Petty (James T. Petty)	
25a. REGISTRAR'S FILE NO. 76		25b. DATE REC'D BY LOCAL REGISTRAR 4-19-57	
25c. REGISTRAR'S SIGNATURE John G. ...			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE