

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Jefferson</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Beaumont</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Beaumont</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Baptist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>707 Goliad Street</b>	
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"/>		4. DATE OF DEATH <b>October 29, 1972</b>	
3. NAME OF DECEASED (Type or print) <b>LLOYD ARTHUR DIETZ</b>		(a) First (b) Middle (c) Last	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>February 9, 1912</b>	
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Personnel Director</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City of Beaumont</b>	
11. BIRTHPLACE (State or foreign country) <b>Cincinnati, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	
13. FATHER'S NAME <b>Arthur Dietz</b>		14. MOTHER'S MAIDEN NAME <b>Lillian Biddle</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>World War II</b>		16. SOCIAL SECURITY NO. <b>407-01-2179</b>	
17. INFORMANT <b>Mrs. Pearl Dietz</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <b>TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) <i>Ventricular fibrillation (cardiac arrest)</i></b>	
RECORDED <b>14</b> <i>1972</i>		DUE TO (b) <b><i>Myocardial ischemia</i></b>	
BUREAU OF VITAL STATISTICS		DUE TO (c) <b><i>Diffuse coronary artery disease</i></b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a) <b><i>Myocardial thinning (atrophy) due to ischemia &amp; multiple minor infarctions</i></b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month _____ Day _____ Year _____		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 <b>July 1972</b> to <b>10-29</b> , 1972 and last saw the deceased alive on <b>10-28-72</b> . Death occurred at <b>4:35 a.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James C. Mann</i> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>723 Washington Blvd., Beaumont, Tx</b>	
22c. DATE SIGNED <b>11-10-72</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>October 30, 1972</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Forest Lawn Memorial Park</b>	
23d. LOCATION (City, town, or county) (State) <b>Beaumont, Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <i>Carroll Wallace</i> <b>Carroll-Wallace Funeral Home #8189</b>	
25a. REGISTRAR'S FILE NO. <b>1138</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>November 14, 1972</b>	
25c. REGISTRAR'S SIGNATURE <i>Lorothy L. Hughes</i>			

VS-112, REV. 1/58