

TEXAS DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

STATE OF TEXAS

NON-RESIDENT STATE FILE NO.

1394

| | | | |
|---|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Dallas | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Dallas | |
| b. CITY (If outside corporate limits, write RURAL and give precinct no.) Dallas | | c. LENGTH OF STAY (in this place) 2 days | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baylor Hospital | | e. CITY (If outside corporate limits, write RURAL and give precinct no.) University Park | |
| 3. NAME OF DECEASED (Type or Print) a. (First) David | | b. (Middle) Austin | |
| c. (Last) Howard | | 4. DATE OF DEATH Jan. 26, 1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 1, 1889 |
| 9. AGE 66 YEARS 8 MONTHS 25 DAYS | | IF UNDER 24 HRS. Hours Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineering Consultant | | 10b. KIND OF BUSINESS OR INDUSTRY Oil & Gas Co. | |
| 11. BIRTHPLACE (State or foreign country) Washington, D.C. | | 12. FATHER'S NAME Samuel Theodore Howard, Washington, D.C. | |
| 13. MOTHER'S MAIDEN NAME Ellen Patterson, Virginia | | 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.I. | |
| 15. SOCIAL SECURITY NO. 442-01-6199 | | 16. INFORMANT'S SIGNATURE Mrs. Margot Howard | |
| 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) Cerebral Apoplexy 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. | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| 18a. DATE OF OPERATION | | 18b. MAJOR FINDINGS OF OPERATION | |
| 19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20c. (CITY, TOWN, OR PRECINCT) TEXAS DEPARTMENT OF HEALTH REC'D FEB 10 1956 BUREAU OF VITAL STATISTICS | |
| 20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20f. HOW DID INJURY OCCUR | | 21. I hereby certify that I attended the deceased from 1/23/56 , 19 56 , to 1/26/56 , 19 56 , that I last saw the deceased alive on 1/26/56 , 19 56 , and that death occurred at 11:55 P.M. , from the causes and on the date stated above. | |
| 22a. SIGNATURE David C. McPride M.D. | | 22b. ADDRESS 3205 Oak Lawn | |
| 22c. DATE SIGNED 1-27-56 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE Jan. 30, 1956 | | 23c. NAME OF CEMETERY OR CREMATORY Calvary Hill Cemetery | |
| 23d. LOCATION (City, town, or county) (State) Dallas, Texas | | 24. FUNERAL DIRECTOR'S SIGNATURE Crane-Longley Funeral Chapel | |
| 25a. REGISTRAR'S FILE NO. 432 | | 25b. DATE REC'D BY LOCAL REGISTRAR Jan. 30, 1956 | |
| 25c. REGISTRAR'S SIGNATURE [Signature] | | | |

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

334