TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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STATE OF TEXAS **CERTIFICATE OF DEATH** STATE FILE NO. 21853

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give precinct no.): Dallas
c. LENGTH OF STAY (in this place): 6MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baylor Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give precinct no.): Dallas
d. STREET ADDRESS (If rural, give location): 10609 Aledo

3. NAME OF DECEASED (Type or Print): a. (First) Edward; b. (Middle) Otto; c. (Last) McIver

4. DATE OF DEATH: 5/4/54

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/26/1884

9. AGE: YEARS 69; MONTHS 9; DAYS 8; If UNDER 24 HRS. Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt.

10b. KIND OF BUSINESS OR INDUSTRY: Underwood Compress

11. BIRTHPLACE (State or foreign country): Texas

12. FATHER'S NAME: John D. McIver — BIRTHPLACE: Texas

13. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Texas

14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

15. SOCIAL SECURITY NO.:

16. INFORMANT'S SIGNATURE: Aline McIver

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 Da.

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.

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RECD JUN 10 1954
BUREAU OF VITAL STATISTICS

18a. DATE OF OPERATION: None

18b. MAJOR FINDINGS OF OPERATION:

19. AUTOPSY? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE (Specify): No

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): m.

20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20f. HOW DID INJURY OCCUR?:

21. *I hereby certify that I attended the deceased from* May 3, 1954 *to* May 4, 1954 *that I last saw the deceased alive on* May 4, 1954, *and that death occurred at* 12.00 Noon, *from the causes and on the date stated above.*

22a. SIGNATURE (Degree or title): John S. Bagwell, M.D. — **22b. ADDRESS**: 3607 Gaston, Dallas — **22c. DATE SIGNED**: 5-6-54

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE**: 5/6/54 — **23c. NAME OF CEMETERY OR CREMATORY**: Greenwood

23d. LOCATION (City, town, or county) (State): Dallas, Texas — **24. FUNERAL DIRECTOR'S SIGNATURE**: Camp Funeral Home N.E. Camp

25a. REGISTRAR'S FILE NO.: 1707 — **25b. DATE REC'D BY LOCAL REGISTRAR**: May 6, 1954 — **25c. REGISTRAR'S SIGNATURE**: H.E. Bryant

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