

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Dallas</b>					
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Dallas</b>			c. LENGTH OF STAY in 1 b. <b>2 days</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Hutchins</b>				
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>J. B. Chester Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>304 Athens</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"/>			
3. NAME OF DECEASED (Type or print) <b>Skelton</b>			(a) First <b>L</b>		(b) Middle <b>Napier</b>		4. DATE OF DEATH <b>3/29/68</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12/18/89</b>		9. AGE (In years last birthday) <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service sta. Operator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>owner</b>			11. BIRTHPLACE (State or foreign country) <b>Georgia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Skelton Napier</b>				14. MOTHER'S MAIDEN NAME <b>Sally Payne</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>WW I</b>			16. SOCIAL SECURITY NO. <b>457-54-0196</b>		17. INFORMANT <b>S. S. Napier jr. (neph)</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac arrest</b> DUE TO (b) <b>ruptured abdominal Aortic Aneurysm</b> DUE TO (c) <b>Arteriosclerotic vascular disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH <b>0</b> <b>29 HRS</b> <b>YRS</b>	
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.)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour a.m. p.m.			20d. INJURY OCCURRED					20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
20f. CITY, TOWN, OR LOCATION <b>Hutchins</b>			20g. COUNTY <b>Dallas</b>			20h. STATE <b>Texas</b>			
21. I hereby certify that I attended the deceased from <b>3/28/68</b> to <b>3/29/68</b> , 19____ and last saw the deceased alive on <b>3/29/68</b> , 19____. Death occurred at <b>5:45</b> P. m. on the date stated above, and to the best of my knowledge, from the causes stated.								22a. SIGNATURE <b>[Signature]</b>	
22b. ADDRESS <b>3330 So. Lancaster Road, Dallas, Tex</b>				22c. DATE SIGNED <b>3/30/68</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>			23b. DATE <b>3-29-68</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hutchins cemetery</b>				
23d. LOCATION (City, town, or county) <b>Hutchins, Texas</b>			23e. (State) <b>Texas</b>			24. FUNERAL DIRECTOR'S SIGNATURE <b>Byrum Funeral Home By: [Signature]</b>			
25a. REGISTRAR'S FILE NO. <b>2482</b>			25b. DATE REC'D BY LOCAL REGISTRAR <b>APR 1 - 1968</b>			25c. REGISTRAR'S SIGNATURE <b>Maurine Lamm</b>			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

NON-RESIDENT