

1. PLACE OF DEATH a. COUNTY <i>Travis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Texas</i> b. COUNTY <i>Travis</i>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <i>Austin</i>		c. LENGTH OF STAY In 1 b. <i>25 years</i>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <i>Brackenridge Hospital DOA</i>		d. STREET ADDRESS (If rural, give location) <i>2111B Wordsworth</i>	
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) <i>HENRY KUHANE OANA</i>			4. DATE OF DEATH <i>June 19, 1976</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Caucasian</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <i>January 22, 1910</i>		9. AGE (In years last birthday) <i>66</i>		IF UNDER 1 YEAR Months Days Hours Minutes	

10. USUAL OCCUPATION (Give kind of work done) <i>Law officer</i>		11. BIRTHPLACE (State or foreign country) <i>Honolulu, Hawaii</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>	
13. FATHER'S NAME <i>Henry Oana</i>			14. MOTHER'S MAIDEN NAME <i>Unobtainable</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>415 03 4877A</i>		17. INFORMANT <i>Mrs. Opal Oana (Wife)</i>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2.0 minutes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arteriosclerotic coronary artery disease</i>			
DUE TO (c) <i>diabetes mellitus</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <i>ACCIDENT</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) TEXAS DEPARTMENT OF HEALTH RESOURCES	
20c. TIME OF INJURY <i>JUL 12 1976</i>			
20d. WHERE OCCURRED <i>BUREAU OF VITAL STATISTICS</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I hereby certify that I attended the deceased from *August 1974* to *June 19 1976* and last saw the deceased alive on *June 19 1976*. Death occurred at *3:11 p.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Tom S. McHorse</i>	(Degree or title) <i>M.D.</i>	22b. ADDRESS <i>1301 W. 38th Street, Austin, Tx</i>	22c. DATE SIGNED <i>6-22-76</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>June 22, 1976</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Oakwood Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Austin</i>		(State) <i>Texas</i>		24. FUNERAL DIRECTOR'S SIGNATURE <i>(Signature) Rudderick</i>	
25a. REGISTRAR'S FILE NO. <i>1002</i>		25b. DATE REC'D BY LOCAL REGISTRAR <i>JUN 25 1976</i>		25c. REGISTRAR'S SIGNATURE <i>(Signature) AUSTIN, TEXAS</i>	