

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 OR TOWN (If outside city limits, give precinct no.) GARLAND			c. LENGTH OF STAY in l. b. 9 MOS.	c. CITY OR TOWN (If outside city limits, give precinct no.) GARLAND			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION D.O.A. MEMORIAL HOSPITAL OF GARLAND				d. STREET ADDRESS (If rural, give location) 222 EAST CHICO DRIVE			
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) (a) First JOHN (JACK)			(b) Middle M.	(c) Last REDMOND, JR.		4. DATE OF DEATH JULY 27, 1968	
5. SEX MALE	6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 3, 1910	9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DESIGN ENGINEER	10b. KIND OF BUSINESS OR INDUSTRY DEARBORN STOVE CO.		11. BIRTHPLACE (State or foreign country) FLORENCE, ARIZONA		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JOHN M. REDMOND, SR.				14. MOTHER'S MAIDEN NAME MILDRED BRIZZEE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 158-05-8406		17. INFORMANT Pat Redmond			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) adenocarcinoma of lungs						INTERVAL BETWEEN ONSET AND DEATH 6 wks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Probably from right kidney							
DUE TO (c)							
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 <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.) REC'D AUG 14 1968				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			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 GARLAND		20g. COUNTY TEXAS		20h. STATE TEXAS	
21. I hereby certify that I attended the deceased from 7-18 19 68 to 7-27 19 68 and last saw the deceased alive on 7-27 19 68 . Death occurred at 6:30 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Richard B. Hartin M.D.				22b. ADDRESS Garland Texas		22c. DATE SIGNED 7-29-68	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL			23b. DATE JULY 29, 1968	23c. NAME OF CEMETERY OR CREMATORY MESA CEMETERY			
23d. LOCATION (City, town, or county) MESA MARICOPA ARIZONA			24. FUNERAL DIRECTOR'S SIGNATURE William D. Spurlock SPURLOCK FUNERAL CHAPEL:				
25a. REGISTRAR'S FILE NO. 167		25b. DATE REC'D BY LOCAL REGISTRAR 7-29-68		25c. REGISTRAR'S SIGNATURE Therese Staud			