

2
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4510 46
65078
STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Harris				2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission). a. STATE Texas b. COUNTY Harris					
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Houston			c. LENGTH OF STAY (In this place) 8 Years			c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Houston			
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				d. STREET ADDRESS (If rural, give location) 2702 Werlein					
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) William		c. (Last) Sears			
4. DATE OF DEATH December 16, 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH January 10, 1892		9. AGE YEARS 64		MONTHS 11		DAYS 6			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-President		10b. KIND OF BUSINESS OR INDUSTRY Baseball Players Ass'n		11. BIRTHPLACE (State or foreign country) Central City, Kentucky					
12. FATHER'S NAME George Thomas Sears				BIRTHPLACE Unknown		13. MOTHER'S MAIDEN NAME Mattie Majors			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. Unknown		16. INFORMANT'S SIGNATURE Mrs. Delores H. Sears					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dissecting aneurysm of Aorta</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> 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 16 hr	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION				19. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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 PLACE) NO. 1 TEXAS DEPARTMENT OF HEALTH COUNTY OF HEALTH REC'D DEC 21 1956 BUREAU OF VITAL STATISTICS					
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR					
21. I hereby certify that I attended the deceased from <u>1953</u> , to <u>Dec</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Dec 16</u> , 19 <u>56</u> , and that death occurred at <u>12:05 a.m.</u> , from the causes and on the date stated above.									
22a. SIGNATURE (Degree or title) <u>Ed J. Mander M.D.</u>				22b. ADDRESS <u>1603 Med Apts</u>		22c. DATE SIGNED <u>12/18/56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE December 18, 1956		23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery					
23d. LOCATION (City, town, or county) Houston		(State) Texas		24. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. H. Lewis & Sons (Geo. H. Lewis, Jr. #2554)</u>					
25a. REGISTRAR'S FILE NO. 6824		25b. DATE REC'D BY LOCAL REGISTRAR DEC 20 1956		25c. REGISTRAR'S SIGNATURE <u>H. J. Albam</u>					