

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.) Dallas		c. LENGTH OF STAY in l b. 13 yrs	c. CITY OR TOWN (If outside city limits, give precinct no.) Dallas			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Dallas Medical & Surg. Hospital			d. STREET ADDRESS (If rural, give location) 5901 Belmont			
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 Clarence			(b) Middle	(c) Last Sims	4. DATE OF DEATH 12/2/68	
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 5/24/1891	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Self Emp.		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William S. Sims			14. MOTHER'S MAIDEN NAME Pearl Cole			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 445 20 0612 A		17. INFORMANT Hazel Sims <i>Hazel Sims</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) Myocardial infarction, acute anterior Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. } DUE TO (b) Coronary heart disease with angina DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 1 month 2 years	
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.) TEXAS DEPARTMENT OF HEALTH			
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.			REC'D JAN 14 1969			
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 COUNTY BUREAU OF VITAL STATISTICS		STATE	
21. I hereby certify that I attended the deceased from 11-9-60 to 12-2-68 , 19____ and last saw the deceased alive on 12-2-68 , 19____. Death occurred at 7:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>E. M. Cleveland MD</i>			22b. ADDRESS 4105 Live Oak St. Dallas		22c. DATE SIGNED 12-4-68	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/5/68	23c. NAME OF CEMETERY OR CREMATORY Lancaster Cemetery			
23d. LOCATION (City, town, or county) Columbus		(State) Ohio	24. FUNERAL DIRECTOR'S SIGNATURE Camp Funeral Home <i>NE Camp</i>			
25a. REGISTRAR'S FILE NO. 8075		25b. DATE REC'D BY LOCAL REGISTRAR DEC 4 - 1968		25c. REGISTRAR'S SIGNATURE <i>Maurine Lamm</i>		