I PLACE OF DEATH		70-0/ CERTIFICA	2. USUAL RESIDENCE Where de	STATE FILE NO.	residence before	admission!	•
a. COUNTY	Dallas		*. STATE Texas	b. COU			
b. CITY OR TO	WN (If outside city limits, give precinct	no.) c. LENGTH OF STAY	c. CITY OR TOWN III outs	side city limits, give precinc			1.152
Dallas in 16. Days			Waxaha	chie			
d. NAME OF (If not in hospital, give street eddress)			d. STREET ADDRESS (If rure	그 사람이의 어느 하면 사람이 가는 그 그 그 그 때문에		A CHAPTE	
HOSPITAL OR INSTITUTION	St. Paul Ho	spital	201 Monti	cello			
. IS PLACE OF	DEATH INSIDE CITY LIMITS?		e. IS RESIDENCE INSIDE	CITY LIMITS?	f. IS RESIDENCE	E ON A FARM	?
	YE5 ≹	NO []	YEST	NO	YES	5 	NĄ□
B. NAME OF DECEASED	(a) First	(b) Middle	(c) Lest	4. DATE OF DEATH			
(Type or print)	ARCHIE	EDWIN	WISE	2-2-78			
. SEX	6. COLOR OR RACE	7. Married Never Married	8. DATE OF BIRTH	9. AGE (In years lest birthday)	Months Day	YEAR FUND	Minutes
male	white	Widowed Divorced	7-31-1912	65			
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)						F WHAT COL	NTRY?
Postal S		retired	Texas		USA	1	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
Lynn	Wise	mangues.	Minnie C	ammon			
	VER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT				
ues		458-03-5129	Wife - Jewe	ll Wise			3.53
PART I. DEA		for (a), (b), and (c).]	spiratory Anne			INTERVAL E	
PART I. DEA	ATH [Enter only one cause per line if TH WAS CAUSED BY: IMMEDIATE CAUSE (any. n to), der- t.	for (a). (b). and (c).) (a) Ca notes res (b) Brownings				CHIET AN	CEATH
Conditions, if which gave rise above cause less that II, OTH	ATH [Enter only one cause per line if TH WAS CAUSED BY: IMMEDIATE CAUSE (any, n to) DUE TO (DUE TO	for (a). (b). and (c).] (a) Ca rolls re (b) B southage c) ONTRIBUTING TO DEATH BUT NOT RI	ELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN		CHIET AN	onth
PART I. DEA Conditions, if which gave rise above cause less stating the unclaimed plant of the part II. OTH PART II. OTH 20a. ACCIDENT TEXAS INTEREC'D	ATH [Enter only one cause per line of the WAS CAUSED BY: IMMEDIATE CAUSE (any. on to DUE TO (SUICIDE HOMICIDE DEPARTMENT OF HE Hour Month Day Year o.m. MAR 13 1978	For (a), (b), and (c).] (a) Ca rolls re (b) B southage c) ONTRIBUTING TO DEATH BUT NOT RI 206. DESCRIBE HOW INJURY OCH	ELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN		IP. WAS AUI FORMED?	OPSY PER-
PART II. DEA Conditions, if which gave rise above cause less stating the unclaimed bying cause less part II. OTH PART II. OTH 20a. ACCIDENT TEXAS INJURY OCCU	ATH [Enter only one cause per line of the WAS CAUSED BY: IMMEDIATE CAUSE (any. on to DUE TO (SUICIDE HOMICIDE DEPARTMENT OF HE Hour Month Day Year o.m. MAR 13 1978	For (a), (b), and (c).] (a) Ca rolls re (b) B southage c) ONTRIBUTING TO DEATH BUT NOT RI 2016. DESCRIBE HOW INJURY OCH EA! TH	ELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN		IP. WAS AUI FORMED?	OPSY PER
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PART I. DEA Conditions, if which gave rise above cause less stating the und lying cause less PART II. OTH PART II. OTH 20a. ACCIDENT PREC'D 20. INJURY OCCUBUREA 21. I hereby certify the point of the part	ATH [Enter only one cause per line of the WAS CAUSED BY: IMMEDIATE CAUSE (any. In to pue to (any. IN TO (c) B motore c) ONTRIBUTING TO DEATH BUT NOT RI 206. DESCRIBE HOW INJURY OCH EA! TH RY (e.g., in or about home, farm, factory.) 19 USt 12, 1977 19 Death cocurred at	ELATED TO THE TERMINAL DISEAS CURRED. (Enter nature of injury in Pa 20f. CITY, TOWN, OR LOCATION 19 10 February 5:30 A m. on the date	E CONDITION GIVEN IN		Inst sow the de	OPSY PER-
PART I. DEA Conditions, if which gave rise above cause less stating the und lying cause like the u	ATH [Enter only one cause per line of the WAS CAUSED BY: IMMEDIATE CAUSE (any, on to DUE TO (DUE TO	for (a), (b), and (c).] (a) Ca rolls re (b) B STUDGE C) ONTRIBUTING TO DEATH BUT NOT RI 20b. DESCRIBE HOW INJURY OCC EA! TH RY (a.g., in or about home, farm, factory. 19 Death occurred at 10, M. Doggras or title)	ELATED TO THE TERMINAL DISEAS CURRED. (Enter nature of injury in Pa	E CONDITION GIVEN IN OUT I or Part II of Item 18. COUNTY 7 2, 1978 stated above, and to the	, 19 and best of my knowle	Inst sow the de	OPSY PER NO TATE
PART I. DEA Conditions, if which gave rise above cause less stating the und lying cause less stati	ATH [Enter only one cause per line of the WAS CAUSED BY: IMMEDIATE CAUSE (any. of to) DUE TO (IER SIGNIFICANT CONDITIONS CO SUICIDE HOMICIDE DEPARTMENT OF H Hour Month Day Year P.M. MAR 13 1978 URRED 20e. PLACE OF INJUIL U. OF VITAL TESTATIST THAT I attended the deceased from Attack of the March Day of the Council of the	c). Ca rolls Perchapt (a) Browling to DEATH BUT NOT RI 20b. DESCRIBE HOW INJURY OCC EATTH RY (e.g., in or about home, farm, factory. 19UST 12, 1977 19 Death occurred at 10, M. Doggras or title) 3b. DATE 2-3-78	ELATED TO THE TERMINAL DISEAS CURRED. (Enter nature of injury in Pa 20f. CITY, TOWN, OR LOCATION 19 February 22b. ADDRESS 22b. ADDRESS 22b. ADDRESS 2161 Harry Hines 23c. NAME OF CEMETERY OR Hillcrest	COUNTY 2, 1978 stated above, and to the Blvd., Dalla CREMATORY Burial Po	, 19 and best of my knowle	Inst sow the deedge, from the collection of the	OPSY PER- NO TATE
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