

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE OF TEXAS

STATE FILE NO.

60746

1. PLACE OF DEATH a. COUNTY <b>Tarrant</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Texas</b> b. COUNTY <b>Tarrant</b>			
b. CITY (If outside corporate limits, write RURAL and give precinct no.) <b>Ft Worth</b>		c. LENGTH OF STAY (In this place) <b>5 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give precinct no.) <b>Ft Worth</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>All Saints hosp</b>		d. STREET ADDRESS (If rural, give location) <b>2239 Harrison</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Wingo</b>		b. (Middle) <b>Charlie</b>		c. (Last) <b>Anderson</b>	
4. DATE OF DEATH <b>Dec 19th 50</b>					
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 13th 1886</b>	9. AGE YEARS <b>64</b>	MONTHS <b>4</b>
				DAYS <b>6</b>	IF UNDER 24 HRS. Hours <b>Mln.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, as if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Texas</b>	
12. FATHER'S NAME <b>J.E. Anderson</b>		BIRTHPLACE <b>Texas</b>		13. MOTHER'S MAIDEN NAME <b>Angeline Stinnett</b>	
				BIRTHPLACE <b>Arkansaw</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE <i>W. M. McMillan</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hyponatremic Arteriosclerotic Heart Disease</b>			
		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hepatic Lobation, Hepatitis.</b>			
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION			
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 COUNTY) (STATE) <b>PRESTON (COUNTY) 10 (STATE)</b> <b>BUREAU OF VITAL STATISTICS</b>	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from <b>May 1, 1950</b> , to <b>Dec. 19, 1950</b> , that I last saw the deceased alive on <b>Dec 18, 1950</b> , and that death occurred at _____ m., from the causes and on the date stated above.					
22a. SIGNATURE (Degree or title) <i>Frank M. ...</i>		22b. ADDRESS		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Dec 20th 50</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>	
23d. LOCATION (City, town, or county) (State) <b>Dallas Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <i>Lucas Funeral Home</i>			
25a. REGISTRAR'S FILE NO. <b>2689</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>DEC 21 1950</b>		25c. REGISTRAR'S SIGNATURE <i>John B. ...</i>	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

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