

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 OR TOWN (If outside city limits, give precinct no.) <b>Fort Worth</b>			c. LENGTH OF STAY in 1 b. <b>51 Years</b>	c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Fort Worth</b>			d. STREET ADDRESS (If rural, give location) <b>2809 Willing</b>
d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION <b>2809 Willing</b>				e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 <b>Cecil</b> (b) Middle <b>Lysander</b> (c) Last <b>COOMBS</b>			4. DATE OF DEATH <b>November 25, 1975</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>March 18, 1888</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Player - Manager</b>		10b. PROFESSION OR INDUSTRY <b>Professional</b>		11. BIRTHPLACE (State or foreign country) <b>Bethany, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>United States</b>	
13. FATHER'S NAME <b>Edward Coombes</b>				14. MOTHER'S MAIDEN NAME <b>Lois Moody</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>467-07-3207</b>		17. INFORMANT <b>Helen Alexander, daughter</b>			
8. CAUSE OF DEATH (Enter only one cause, and (a), (b), and (c).) TERMINAL DISEASE OR SIGNIFICANT OF HEALTH IMMEDIATE CAUSE (a) <b>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE.</b> Reasons, if any, which gave rise to above cause (a), stating the underlying condition (b) <b>JAN 5 1976</b> DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(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.)				
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 <b>COUNTY</b>		STATE	
21. I hereby certify that I attended the deceased on <b>November 25, 1975</b> found Death occurred at <b>10:25 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated							
22a. SIGNATURE <b>Felix Gwozdz</b> (Degree or title) <b>CHIEF MEDICAL EXAMINER</b>				22b. ADDRESS <b>1062 W. MAGNOLIA, FORT WORTH</b>		22c. DATE SIGNED <b>11/26/75</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>Nov. 26, 1975</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		
23d. LOCATION (City, town, or county) <b>Fort Worth, Texas</b>			24. FUNERAL DIRECTOR'S SIGNATURE <b>Robertson Mueller Harper</b>				
25a. REGISTRATION NO. <b>4020</b>		25b. DATE OF LOCAL REGISTRATION <b>DEC 8 1975</b>			25c. REGISTRAR'S SIGNATURE <b>Hubert S. Bradlock</b>		