

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.) University Park		c. LENGTH OF STAY in 1 b. 36 Yrs.	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 3620 Hanover		d. STREET ADDRESS (If rural, give location) 3620 Hanover	
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) Joubert		4. DATE OF DEATH April 21, 1961	
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 June 27, 1900	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Claims Coordinator	
11. BIRTHPLACE (State or foreign country) Arizona		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Tom Davenport		14. MOTHER'S MAIDEN NAME Mimie Tevis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 451-01-8066	
17. INFORMANT Mrs. Frances Davenport			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Acute Coronary Occlusion DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 30 Min - 1 hour
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. _____		TEXAS DEPARTMENT OF HEALTH REC'D. MAY 10 1961 BUREAU OF VITAL STATISTICS	
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 Dallas		20g. COUNTY Dallas	
20h. STATE Texas			
21. I hereby certify that I attended the deceased from 7:00 A.M. 4/21/61 on 4/21/61 and last saw the deceased alive on 4/21/61 at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		19. _____ and last saw the deceased alive on _____ at _____ on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Frank D. Deary (Declarer or title)		22b. ADDRESS 220 Medical Arts - Dallas	
22c. DATE SIGNED 4/21/61			
23a. BURIAL, CREMATION, RE-OVAL (Specify) Burial		23b. DATE 4-22-1961	
23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery			
23d. LOCATION (City, town, or county) (State) Dallas, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Sparkman's, Inc., Charles L. Smith	
25a. REGISTRAR'S FILE NO. 142-204.5		25b. DATE REC'D BY LOCAL REGISTRAR April 25, 1961	
25c. REGISTRAR'S SIGNATURE Karl Hammer			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/59