

1. PLACE OF DEATH a. COUNTY Harris			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Harris		
b. CITY OR TOWN (If outside city limits, give precinct no.) Houston		c. LENGTH OF STAY in 1 b. 46 Years	c. CITY OR TOWN (If outside city limits, give precinct no.) Houston		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Methodist Hospital			d. STREET ADDRESS (If rural, give location) 2114 Rice Blvd.		
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 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 Edwin (b) Middle Hawley (c) Last Dyer			4. DATE OF DEATH April 20, 1964		
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 Oct. 11, 1900	9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner	10b. KIND OF BUSINESS OR INDUSTRY Insurance Co.		11. BIRTHPLACE (State or foreign country) Morgan City, La.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph M. Dyer			14. MOTHER'S MAIDEN NAME Alice Natili		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 246-10-1310	17. INFORMANT John Greer		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure 2° to atherosclerosis and hypertensive heart disease DUE TO (b) & marked cardiac hypertrophy DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 3
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) old Left middle Cerebral artery occlusion					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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)				
20c. TIME OF INJURY Hour m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I hereby certify that I attended the deceased from 3-6-63 to Time of death and last saw the deceased alive on 4-20-64 . Death occurred at 5:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE David J. Braden (Degree or title) MD			22b. ADDRESS #2 Chelsea Pl Houston		22c. DATE SIGNED 4-24-64
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 22, 1964	23c. NAME OF CEMETERY OR CREMATORY Garden of Gethsemani		
23d. LOCATION (City, town, or county) Houston		(State) Texas	24. FUNERAL DIRECTOR'S SIGNATURE #2654 Geo. H. Lewis, Jr. Geo. H. Lewis & Sons (Geo. H. Lewis, Jr.)		
25a. REGISTRAR'S FILE NO. 3110		25b. DATE REC'D BY LOCAL REGISTRAR APR. 28, 1964	25c. REGISTRAR'S SIGNATURE A. N. Alban		

TEXAS DEPARTMENT OF HEALTH
REC'D MAY 4 1964
BUREAU OF VITAL STATISTICS