

1. PLACE OF DEATH a. COUNTY Bexar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Bexar	
b. CITY OR TOWN (If outside city limits, give precinct no.) San Antonio		c. LENGTH OF STAY in 1 b 80 years	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Southwest Texas Methodist Hospital		c. CITY OR TOWN (If outside city limits, give precinct no.) San Antonio	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		d. STREET ADDRESS (If rural, give location) 411 Frost Street	
3. NAME OF DECEASED (Type or print) HOMER		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
(a) First HOMER		(b) Middle ESTILL	
(c) Last EZZELL		4. DATE OF DEATH August 3, 1976	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIAGE STATUS Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-28-1896	
9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Missouri Pacific Scale Inspector Railroad		11. BIRTHPLACE (State or foreign country) Victoria, Texas	
13. FATHER'S NAME George W. Ezzell		12. CITIZEN OF WHAT COUNTRY? United States	
14. MOTHER'S MAIDEN NAME Leila A. Sandefur		17. INFORMANT Dora B. Ezzell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 703-18-8632	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration pneumonia			
CONDITIONS, if any, which gave rise to above cause (a) DUE TO (b) Vomiting			
DUE TO (c) HEALTH RESOURCES			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) Hypertrophy, Heart - Acute gastric dilatation.			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20. TIME OF INJURY Hour Month Day Year			
20a. INJURY OCCURRED 20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) 20c. CITY TOWN, OR LOCATION CITY TOWN, OR LOCATION CITY TOWN, OR LOCATION CITY TOWN, OR LOCATION			
21. I hereby certify that I attended the deceased from 05 August 19 75 to August 3 19 76 and last saw the deceased alive on 02 August 19 76 Death occurred at 4:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) A. V. Lopez, M.D.			
22a. ADDRESS 254 Blanco Road San Antonio, Texas			
22c. DATE SIGNED 8/5/1976			
23. BURIAL CREMATION, REMOVAL (Specify) Burial			
23b. DATE August 4, 1976			
23c. NAME OF CEMETERY OR CREMATORY Mission Burial Park			
23d. LOCATION (City, town, or county) (State) San Antonio Texas			
23e. REGISTRAR'S FILE NO. 4362			
23f. DATE RECD BY 8-5-76			

TEXAS DEPARTMENT OF HEALTH RESOURCES - BUREAU OF VITAL STATISTICS

15-112, REV. 1/76 5361

23e. REGISTRAR'S FILE NO. **4362**

23f. DATE RECD BY **8-5-76**

23g. COUNTY DIRECTOR'S SIGNATURE
Charles J. Franklin #6332
Mission Park Funeral Chapel