

155-1-4-2 072-0-0

CERTIFICATE OF DEATH 4201 25

STATE FILE NO.

16327

STATE OF TEXAS

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)		
a. COUNTY <b>McLennan</b>			a. STATE <b>Texas</b>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Waco</b>			b. COUNTY <b>Worth</b>		
c. LENGTH OF STAY in 1 b. <b>17 days</b>			c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Huckaby</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>VA Hospital, Waco, Texas</b>			d. STREET ADDRESS (If rural, give location) <b>Gen. Del.</b>		
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) <b>Don R. Flinn</b>			4. DATE OF DEATH <b>March 8, 1959</b>		
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>		
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>			8. DATE OF BIRTH <b>11-17-92</b>		
9. AGE (In years, last birthday) <b>66 yr</b>			9. AGE (In years, last birthday) IF UNDER 1 YEAR: Months Days Hours Minutes		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Prof. ballplayer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Prof. baseball</b>		
11. BIRTHPLACE (State or foreign country) <b>Texas</b>			12. CITIZEN OF WHAT COUNTRY? <b>United States</b>		
13. FATHER'S NAME <b>John Pinkney Flinn</b>			14. MOTHER'S MAIDEN NAME <b>Josie C. Birdwall</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>			16. SOCIAL SECURITY NO. <b>Unknown</b>		
17. INFORMANT <b>Veterans Administration Records</b>			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia, severe</b> DUE TO (b) <b>Arteriosclerotic coronary artery disease with recent and old coronary thrombosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____		
19. INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>			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 II of Item 18.) -		
20c. TIME OF INJURY Hour Month Day Year - - - - - a.m. p.m.			20d. INJURY OCCURRED		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) -			20f. CITY, TOWN, OR LOCATION - COUNTY STATE		
21. I hereby certify that I am a duly licensed physician from _____ 2-19-59 to _____ 3-8-59 Death occurred at: <b>8:45 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated			22a. SIGNATURE <b>Walter I. Ford</b>		
22b. ADDRESS <b>VA Hospital, Waco, Texas</b>			22c. DATE SIGNED <b>3-9-59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>			23b. DATE <b>MARCH 9, 1959</b>		
23c. NAME OF CEMETERY OR CREMATORY <b>Huckaby Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Stephenville, Texas</b>		
24. FUNERAL DIRECTOR'S SIGNATURE <b>Walter S. Wilkerson &amp; Hatch Funerals</b>			25. REGISTRAR'S SIGNATURE <b>Scott</b>		
25a. REGISTRAR'S FILE NO. <b>234</b>			25b. DATE REC'D BY LOCAL REGISTRAR <b>MAR 11 1959</b>		

TEXAS DEPARTMENT OF HEALTH  
REC'D APR '9 1959  
BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH -- BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58