

178-1-0-1 178-1-0

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

4201 25

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

45622

1. PLACE OF DEATH a. COUNTY Nueces			2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE Texas b. COUNTY Nueces			
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Corpus Christi,		c. LENGTH OF STAY (If applicable) 29 Yrs.	c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Corpus Christi,		d. STREET ADDRESS (If rural, give location) 1802 North Chaparral	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1802 North Chaparral						
3. NAME OF DECEASED (Type or Print) a. (First) Timothy		b. (Middle) Green		c. (Last) Hendryx Sr.	4. DATE OF DEATH August 14, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 31, 1891	9. AGE YEARS MONTHS DAYS 66 6 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Retired) Taxicab Driver		10b. KIND OF BUSINESS OR INDUSTRY Checker Cab Co.		11. BIRTHPLACE (State or foreign country) Illinois		
12. FATHER'S NAME William C. Hendryx			BIRTHPLACE Illinois	13. MOTHER'S MAIDEN NAME Nancy Jane Neeley		
BIRTHPLACE Illinois			14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
15. SOCIAL SECURITY NO.			16. INFORMANT'S SIGNATURE <i>W.C. Hendryx</i>			
17. CAUSE OF DEATH Enter only cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.						
MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION					INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION			19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN, OR STATE) TEXAS DEPARTMENT OF HEALTH REC'D SEP 9 1957 BUREAU OF VITAL STATISTICS		
20d. TIME OF INJURY (Month) (Day) (Year) (Hour)	20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. HOW DID INJURY OCCUR				
21. I hereby certify that I am a qualified medical professional, and that death occurred at 6:00 A.M. , from the causes and on the date stated above.						
22a. SIGNATURE <i>Patrick J. Dunne</i> PATRICK J. DUNNE			22b. ADDRESS J.P., NUECES COUNTY COURTHOUSE		22c. DATE SIGNED 8-16-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE August 16, 1957	23c. NAME OF CEMETERY OR CREMATORY Rose Hill			
23d. LOCATION (City, town, or county) (State) Corpus Christi, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Cage-Mills Funeral Home by <i>S.M.H.</i>				
25a. REGISTRAR'S FILE NO. 672	25b. DATE REC'D BY LOCAL REGISTRAR AUG 19 1957		25c. REGISTRAR'S SIGNATURE <i>A.R. Metzger, M.D.</i>			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE