

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.) Dallas		c. LENGTH OF STAY in 1 b. 17 Yrs.	c. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		
d. NAME OF (If in hospital, give street address) HOSPITAL OR INSTITUTION Baylor Hospital			d. STREET ADDRESS (If rural, give location) 6915 Hyde Park Dr.		
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) (a) First Meredith (b) Middle Hillard (c) Last Hopkins			4. DATE OF DEATH 11-20-63		
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 2-22-1907	9. AGE (In years last birthday) 56
				IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (State or foreign country) Wolfe City, Texas	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME King W. Hopkins			14. MOTHER'S MAIDEN NAME Margaret Hill		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII		16. SOCIAL SECURITY NO. 456-07-3423		17. INFORMANT Mrs. Ida V. Hopkins - Wife	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (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. 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.					
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		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> TEXAS DEPARTMENT OF HEALTH REC'D. DEC 11 1963 BUREAU OF VITAL STATISTICS </div>					
21. I hereby certify that I attended the deceased from Inquest Held on November 20, 1963 and last saw the deceased alive on _____, 19____. Death occurred at 9:05 A m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title)			22b. ADDRESS Dallas, Texas		22c. DATE SIGNED 11-20-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-22-63	23c. NAME OF CEMETERY OR CREMATORY Restland Memorial Park		
23d. LOCATION (City, town, or county) Dallas		23e. STATE Texas	24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> Restland Funeral Home		
25a. REGISTRAR'S FILE NO. 6449		25b. DATE REC'D BY LOCAL REGISTRAR NOV 21 1963		25c. REGISTRAR'S SIGNATURE <i>[Signature]</i> ACTING REGISTRAR	