

TEXAS DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

STATE OF TEXAS

NON-RESIDENT STATE FILE NO.

1394

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 (If outside corporate limits, write RURAL and give precinct no.) Dallas		c. LENGTH OF STAY (in this place) 2 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baylor Hospital		e. CITY (If outside corporate limits, write RURAL and give precinct no.) University Park	
3. NAME OF DECEASED (Type or Print) a. (First) David		b. (Middle) Austin	
c. (Last) Howard		4. DATE OF DEATH Jan. 26, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1, 1889
9. AGE YEARS 66		MONTHS 8	DAYS 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineering Consultant		10b. KIND OF BUSINESS OR INDUSTRY Oil & Gas Co.	11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. FATHER'S NAME Samuel Theodore Howard, Washington, D.C.		13. MOTHER'S MAIDEN NAME Ellen Patterson, Virginia	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I.		15. SOCIAL SECURITY NO. 442-01-6199	16. INFORMANT'S SIGNATURE Mrs. Margot Howard
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar Cerebral Apoplexy	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 days	
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 PRECINCT TEXAS DEPARTMENT OF HEALTH REC'D FEB 10 1956 BUREAU OF VITAL STATISTICS	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 attended the deceased from 1/23/56 , 19 56 , to 1/26/56 , 19 56 , that I last saw the deceased alive on 1/26/56 , 19 56 , and that death occurred at 11:55 P.M. , from the causes and on the date stated above.			
22a. SIGNATURE David C. McPride MD		22b. ADDRESS 3205 Oak Lawn	
22c. DATE SIGNED 1-27-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 30, 1956	
23c. NAME OF CEMETERY OR CREMATORY Calvary Hill Cemetery			
23d. LOCATION (City, town, or county) (State) Dallas, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Crane-Longley Funeral Chapel	
25a. REGISTRAR'S FILE NO. 432		25b. DATE REC'D BY LOCAL REGISTRAR Jan. 30, 1956	
25c. REGISTRAR'S SIGNATURE [Signature]			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

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