

1. PLACE OF DEATH a. COUNTY Webb			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas			b. COUNTY Webb			
b. CITY OR TOWN (If outside city limits, give precinct no.) Laredo,			c. LENGTH OF STAY in l b. 21 Yrs.			c. CITY OR TOWN (If outside city limits, give precinct no.) Laredo			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Mercy Hospital			d. STREET ADDRESS (If rural, give location) 1111 Garfield			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
e. IS PLACE OF DEATH 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) CLARANCE			(a) First CLARANCE			(b) Middle B.			
			(c) Last HUBER			4. DATE OF DEATH February 22, 1965			
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 28, 1896		9. AGE (In years last birthday) 68 Yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Inspector		10b. KIND OF BUSINESS OR INDUSTRY U.S. Customs		11. BIRTHPLACE (State or foreign country) Tyler, Texas		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Perry Willard Huber			14. MOTHER'S MAIDEN NAME Ida May Guillams						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes			16. SOCIAL SECURITY NO. 456-01-3792			17. INFORMANT Howell Muckelroy			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral artery thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Cerebral artery arteriosclerosis DUE TO (c) Essential Hypertension						INTERVAL BETWEEN ONSET AND DEATH Days years years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Uremia due to nephrosclerosis						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 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 LOCALITY COUNTY STATE			
21. I hereby certify that I attended the deceased from Feb 22 1965 and last saw the deceased alive on Feb 22 1965 Death occurred at 4:30 P. Feb 22 1965									
22a. SIGNATURE Ignacio J. Calamiz MD			22b. ADDRESS 1502 Logan Laredo Tex			22c. DATE SIGNED 3/20/65			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Feb. 24, 1965			23c. NAME OF CEMETERY OR CREMATORY City Cemetery			
23d. LOCATION (City, town, or county) Laredo,			(State) Texas			24. FUNERAL DIRECTOR'S SIGNATURE Jackson Funeral Home W. Jackson			
25a. REGISTRAR'S FILE NO. 109			25b. DATE REC'D BY LOCAL REGISTRAR 3-23-65			25c. REGISTRAR'S SIGNATURE James Hayes By Ignacio Calamiz			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

TEXAS DEPARTMENT OF HEALTH  
REC'D APR 5 1965  
BUREAU OF VITAL STATISTICS