

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.		c. CITY OR TOWN (If outside city limits, give precinct no.) Dallas	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Presbyterian Hospital		d. STREET ADDRESS (If rural, give location) 6239 Azalea			
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) First Middle Last Thomas Rivers Lovelace Sr.		4. DATE OF DEATH July 12, 1979			
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 Oct. 19, 1897	9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Salesman		10b. KIND OF BUSINESS OR INDUSTRY Clothing		11. BIRTHPLACE (State or foreign country) Wolfe City, Texas	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John White Lovelace		14. MOTHER'S MAIDEN NAME Minnie Rivers Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) WW I 457-03-7037		17. INFORMANT Sally Lovelace Sally Lovelace, by R.A.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 8 Months
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 Year REC'D AUG 15 1979					
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 COUNTY STATE	
21. I hereby certify that I attended the deceased from Nov 5 1978 to July 12 1979 and last saw the deceased alive on April 4 1979 . Death occurred at 4:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R.B. Giles MD (Degree or title)		22b. ADDRESS 8210 Walnut Hill Lane - Dallas, Tex		22c. DATE SIGNED 7/12/79	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE July 13, 1979		23c. NAME OF CEMETERY OR CREMATORY Restland Crematory	
23d. LOCATION (City, town, or county) (State) Dallas Texas		24. FUNERAL DIRECTOR'S SIGNATURE William A. Spurlock 4439 RESTLAND FUNERAL HOME			
25a. REGISTRAR'S FILE NO. 5198		25b. DATE REC'D BY LOCAL REGISTRAR JUL 12 1979		25c. REGISTRAR'S SIGNATURE Johnnie P. Willis	