

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

420.1

25-

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

5686

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY Burnet		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Burnet	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Bertram		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Bertram	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Owen c. (Last) Wilson		4. DATE OF DEATH Feb 23, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 21, 1883
9. AGE YEARS MONTHS DAYS 70 6 1		* UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm & Ranch		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Austin, Texas		12. FATHER'S NAME John Morgan Wilson	
BIRTHPLACE Austin, Tex		13. MOTHER'S MAIDEN NAME Martha Cloud	
BIRTHPLACE Ark.		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. None		16. INFORMANT'S SIGNATURE Mrs. J.O. Wilson	
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 type="checkbox"/>		TEXAS DEPARTMENT OF HEALTH REC'D MAR 9 1954 BUREAU OF VITAL STATISTICS	
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 NO.) (COUNTY) (STATE)	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Sept 10, 1953 to Feb 23, 1954 , that I last saw the deceased alive on Feb 22, 1954 , and that death occurred at 5 P. m. , from the causes and on the date stated above.			
22a. SIGNATURE T.D. Vaughan M.D.		22b. ADDRESS Bertram Texas	22c. DATE SIGNED 2/25/54
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb 24, 1954	23c. NAME OF CEMETERY OR CREMATORY Austin Memorial Park
23d. LOCATION (City, town, or county) (State) Austin Texas		24. FUNERAL DIRECTOR'S SIGNATURE Ronald Egan	
25a. REGISTRAR'S FILE NO.	25b. DATE REC'D BY LOCAL REGISTRAR 2-25-1954	25c. REGISTRAR'S SIGNATURE Jake Clements, J.P.	