

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Ellis	
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. CITY OR TOWN (If outside city limits, give precinct no.) Waxahachie	
c. LENGTH OF STAY in 1 b. Days		d. STREET ADDRESS (If rural, give location) 201 Monticello	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION St. Paul Hospital		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) (a) First ARCHIE (b) Middle EDWIN (c) Last WISE			4. DATE OF DEATH 2-2-78		
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 7-31-1912	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Service		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (State or foreign country) Texas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lynn Wise			14. MOTHER'S MAIDEN NAME Minnie Cammon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) U.S. Navy		16. SOCIAL SECURITY NO. 458-03-5129	17. INFORMANT Wife - Jewell Wise		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiorespiratory Arrest		INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bronchogenic Carcinoma	6 months
	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 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.)	
<div style="border: 2px solid black; padding: 5px; text-align: center;"> TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS REC'D MAR 13 1978 </div>		
20c. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.)	20e. CITY, TOWN, OR LOCATION COUNTY STATE

21. I hereby certify that I attended the deceased from **August 12, 1977** to **February 2, 1978** and last saw the deceased alive on **February 1, 1978**. Death occurred at **5:30 A** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Gabriel A. Shappio, M.D.** (Degree or title)
Gabriel A. Shappio, M.D.

22b. ADDRESS **6161 Harry Hines Blvd., Dallas, Tx**

22c. DATE SIGNED **2-9-78**

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-3-78	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park
23d. LOCATION (City, town, or county) State Waxahachie Tx.	24. FUNERAL DIRECTOR'S SIGNATURE Rudolph-Snyder Funeral Home	
25a. REGISTRAR'S FILE NO. 1451	25b. DATE REC'D BY LOCAL REGISTRAR FEB 16 1978	25c. REGISTRAR'S SIGNATURE Johnnie P. Willis

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

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