

1. PLACE OF DEATH a. COUNTY Tarrant		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Tarrant	
b. CITY OR TOWN (If outside city limits, give precinct no.) Fort Worth		c. CITY OR TOWN (If outside city limits, give precinct no.) Fort Worth	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Meadowbrook Nursing Center		d. STREET ADDRESS (If rural, give location) 321 North Cherry Street	
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) (a) First JOHN (b) Middle HOBART (c) Last SMOTHERS		4. DATE OF DEATH November 2, 1976	
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 27, 1899
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME (Unknown) Smothers	
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES	
16. SOCIAL SECURITY NO. 460-10-0065 A		17. INFORMANT Mrs. Mary J. Smothers	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic cerebrovascular disease DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 5 yea
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes Mellitus, arteriosclerotic Heart Disease			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 Day Year TEXAS DEPARTMENT OF HEALTH RESOURCES			
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 July 1976 to Nov 2 1976 and last saw the deceased alive on October 1976 . Death occurred at 7:40 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John D. Davis (Degree or title)		22b. ADDRESS 1500 South Main Street Fort Worth, Texas 76104	
22c. DATE SIGNED 11-4-76			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE November 4, 1976	
23c. NAME OF CEMETERY OR CREMATORY Rose Hill Burial Park		24. FUNERAL DIRECTOR'S SIGNATURE Sims Buttram	
24. LOCATION (City, town, or county) (State) Fort Worth, Tarrant Co., Texas		25a. REGISTRAR'S SIGNATURE Arch S. Graddock	
25b. DATE REC'D BY LOCAL REGISTRAR NOV 9 1976		25c. REGISTRAR'S SIGNATURE	

TEXAS DEPARTMENT OF HEALTH RESOURCES — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

4379.9

RECEIVED

NOV 3 1976

MEDICAL RECORDS

10.00

VS-112, REV. 1/58