

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NO.	
1. PLACE OF DEATH a. COUNTY HUNT		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE TEXAS			
b. CITY OR TOWN (If outside city limits, give precinct no.) GREENVILLE		c. LENGTH OF STAY in l. b. 8 YRS.		b. COUNTY HUNT	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION CITIZENS GEN. HOSPITAL		c. CITY OR TOWN (If outside city limits, give precinct no.) GREENVILLE			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		d. STREET ADDRESS (If rural, give location) 4811 PICKETT ST.		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) a. First HORACE		b. Middle A.		c. Last FACEN	
4. DATE OF DEATH 9-25-1973		5. SEX MALE		6. COLOR OR RACE NEGRO	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-30-1947		9. AGE (In years last birthday) 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY COMMON LABOR		11. BIRTHPLACE (State or foreign country) LA.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME JAMES FACEN		14. MOTHER'S MAIDEN NAME SARAH HALT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 433-76-2657		17. INFORMANT Virginia J. Facen	
18. CAUSE OF DEATH (Enter only one cause per line. (a) (b) (c) (d) (e) (f) (g) (h) and (i).) TEXAS DEPARTMENT OF HEALTH IMMEDIATE CAUSE (a) Gun-Shot Wound		INTERVAL BETWEEN CIVIL AND DEATH Min.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Victim was shot during Altercation			
20c. TIME OF INJURY 4:50 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) 4816 Pickett St.		20e. CITY, TOWN, OR LOCATION Greenville, Hunt, Texas	
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21. I hereby certify that I attended the deceased from Held Inquest on 9-25-73 At 6:30 P.M. and last saw the deceased alive on 9-25-73 at 5:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank N. Lane J.P.		22b. ADDRESS Greenville, Texas		22c. DATE SIGNED 9-27-73	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-29-73		23c. NAME OF CEMETERY OR CREMATORY Grundy Memorial Park	
23d. LOCATION (City, town, or county) Greenville, Texas		24. FUNERAL DIRECTOR'S SIGNATURE John H. Johnson			
25a. REGISTRAR'S FILE NO. 271		25b. DATE REC'D BY LOCAL REGISTRAR 9-27-1973		25c. REGISTRAR'S SIGNATURE Mrs Bloom Johnson	

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-12, REV. 1/58