

7545 40 STATE FILE NO. 15005

STATE OF TEXAS 057-01-21 057-01 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <u>Dallas</u>		c. CITY OR TOWN (If outside city limits, give precinct no.) <u>Dallas</u>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <u>Childrens Medical Center</u>		d. STREET ADDRESS (If rural, give location) <u>4119 Sam Houston Rd</u>	
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"/>	
3. NAME OF DECEASED (Type or print) a) First <u>Morris</u> b) Middle <u>Wayne</u> c) Last <u>FACEN</u>		4. DATE OF DEATH <u>March 23, 1967 8:30 PM</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 27, 1967</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. FATHER'S NAME <u>Charles Wesley Facen</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [if yes, give war or dates of service]		14. MOTHER'S M maiden name <u> Violet Davis</u>	
15. SOCIAL SECURITY NO.		17. INFORMANT <u>Charles Facen</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY:			
TEXAS DEPARTMENT OF HEALTH REC'D APR 10 1967 BUREAU OF VITAL STATISTICS		a) <u>Heart failure</u>	
		b) <u>Coronary surgery</u>	
		c) <u>Coronary Heart disease</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>5 hrs</u> <u>birth</u>	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>			
MEDICAL CERTIFICATION			
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 19.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		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 <u>3-22-67</u> to <u>3-23-67</u> and last saw the deceased alive on <u>3-23-67</u> . Death occurred at <u>8:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Louie J. Loubert, M.D.</u>		22b. ADDRESS <u>TCMC, Dallas, Texas</u>	
22c. DATE SIGNED <u>3/23/67</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cardinal</u>		23b. NAME OF CEMETERY OR CREMATORY <u>East Mount Cemetery</u>	
23c. DATE <u>3-24-67</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>Opine F Harris by James Fowler #4108</u>	
23d. LOCATION (City, town, or county) (State) <u>Greenville, Texas</u>		25a. REGISTRAR'S SIGNATURE <u>Maureen Lamon</u>	
25b. REGISTRAR'S FILE NO. <u>1820</u>		25c. DATE REC'D BY LOCAL REGISTRAR <u>MAR 24 1967</u>	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

7545