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STATE OF TEXAS ⁴⁶²⁰⁰ ²⁵ CERTIFICATE OF DEATH STATE FILE NO. ⁵⁶⁷⁴⁷

1. PLACE OF DEATH a. COUNTY Galveston		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Texas b. COUNTY Orange	
b. CITY OR TOWN (If outside city limits, give precinct no.) Galveston		c. CITY OR TOWN (If outside city limits, give precinct no.) Orange	
c. LENGTH OF STAY in U.S. 2 Months 19 Days		d. STREET ADDRESS (If rural, give location) 602 Orange Avenue	
j. NAME OF HOSPITAL (Give street address) University of Texas Medical Branch Hospitals		e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) a. First H.J. b. Middle Lutcher c. Last Stark		4. DATE OF DEATH September 2, 1965	
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 December 8, 1887
9. AGE (In years last birthday) 77		10. UNDER 1 YEAR <input type="checkbox"/> UNDER 24 HRS. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher & Banker		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Orange, Texas		12. CITIZEN OF WHAT COUNTRY? United States	
13. FATHER'S NAME W.H. Stark BM: Texas		14. MOTHER'S MAIDEN NAME Miriam Lutcher BN: Pa.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Registrar: University of Texas Medical Branch Hospitals		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) G.S. Heart Disease - L. Vent. Fail. DUE TO (b) Generalized A. S. from Negative Septicemia DUE TO (c) Chronic Bronchitis - Emphysema - B. Cereb. Vasc. Hypert.	
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. TIME OF INJURY Hour _____ o.m. _____ p.m.		20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
20d. INJURY OCCURRED WHILE WORKING <input type="checkbox"/> NOT WHILE WORKING <input checked="" type="checkbox"/>		20e. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18)	
21. I hereby certify that I attended the deceased from June 14, 1965 to September 2, 1965 and last saw the deceased alive on September 2, 1965 . Death occurred at 1:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS Galveston, Texas	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-2-65	
23c. LOCATION Orange, Orange, Texas		23d. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery, Orange, Texas	
24. REGISTRAR'S FILE NO. 941		25. DATE RECD BY LOCAL REGISTRAR Sept 7, 1965	
26. REGISTRAR'S SIGNATURE [Signature]		27. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
28. REGISTRAR'S SIGNATURE [Signature]		29. REGISTRAR'S SIGNATURE [Signature]	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

VS-12, REV. 7/59

TEXAS DEPARTMENT OF HEALTH
REC'D SEP 14 1965
BUREAU OF VITAL STATISTICS