061-01-3 061-01 486+

STATE OF TEXAS — CERTIFICATE OF DEATH — STATE FILE NO 86998

Texas Department of Health — BUREAU OF VITAL STATISTICS

1 NAME OF DECEASED [Type or print] — [a] First: GLADYS — [b] Middle: NORWOOD — [c] Last: ADDISON

2 SEX: Female

3 DATE OF DEATH: October 3, 1980

4 RACE: White

5a WAS THE DECEDENT OF SPANISH ORIGIN?: No

5b IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC:

6 DATE OF BIRTH: 1-29-1889

7 AGE [In years last birthday]: 91

IF UNDER 1 YEAR — Months: — Days: —

IF UNDER 24 HRS — Hours: — Minutes: —

8a PLACE OF DEATH — COUNTY: Denton

8b CITY OR TOWN [If outside city limits, give precinct no.]: Denton

8c NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION: Good Samaritan Village

8d INSIDE CITY LIMITS?: Yes

9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED [Specify]: Widowed

10 BIRTHPLACE [State or foreign country]: Arkansas

11 CITIZEN OF WHAT COUNTRY?: USA

12 WAS DECEDENT EVER IN U.S. ARMED FORCES?: No

13 SURVIVING SPOUSE [If wife, give maiden name]: —

14 SOCIAL SECURITY NO: 458-48-9942

15a USUAL OCCUPATION [Give kind of work done during most of working life, even if retired]: Home Demostration Agent

15b KIND OF BUSINESS OR INDUSTRY: Government

16a RESIDENCE — STATE: Texas

16b COUNTY: Denton

16c CITY OR TOWN [If outside city limits, show rural]: Denton

16d STREET ADDRESS [If rural, give location]: 609 W. Sycamore

16e INSIDE CITY LIMITS?: Yes

17 FATHER'S NAME: Jack Norwood

18 MOTHER'S MAIDEN NAME: Belle Gibson

19 SIGNATURE OF INFORMANT: Particia Holloman Niece

CAUSE OF DEATH

PART I — Conditions, if any, which gave rise to immediate cause stating the underlying cause last

20 IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)]

(a) RESPIRATORY ARREST — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF

(b) PNEUMONIA — Interval between onset and death: 48 hrs

DUE TO, OR AS A CONSEQUENCE OF

(c) — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

21 AUTOPSY?: No

22a ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. [Specify]:

22b DATE OF INJURY [Mo., Day, Yr.]:

22c HOUR OF INJURY: M

22d DESCRIBE HOW INJURY OCCURRED:

22e INJURY AT WORK [Specify yes or no]:

22f PLACE OF INJURY — At home, farm, street, factory, office building, etc. [Specify]:

22g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE:

CERTIFIER

To be completed by CERTIFYING PHYSICIAN only

23a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title]: Scott Haggard M.D.

23b DATE SIGNED [Mo., Day, Yr.]: 10-21-80

23c HOUR OF DEATH: 3:09 A. M

23d NAME OF ATTENDING PHYSICIAN [Type or print]: Scott Haggard M.D.

To be completed by MEDICAL EXAMINER or CORONER only

24a On the basis of [examination and/or investigation], in my opinion death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title]:

DEPARTMENT OF HEALTH
REC'D NOV 26 1980
BUREAU OF VITAL STATISTICS

24b DATE SIGNED [Mo., Day, Yr.]:

24c HOUR OF DEATH: M

24d PRONOUNCED DEAD [Mo., Day, Year] ON:

24e PRONOUNCED DEAD [Hour] AT: M

25a BURIAL, CREMATION, REMOVAL [Specify]: Burial

25b DATE: October 6, 1980

25c NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

25d LOCATION [City, town, or county]: Hope — [State]: Arkansas

26 SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Schmitz-Floyd-Hamlett — Brooks Floyd Funeral Home

27a REGISTRAR'S FILE NO: 323

27b DATE REC'D BY LOCAL REGISTRAR: 10-27-80

27c SIGNATURE OF LOCAL REGISTRAR: Olga Mulkey

VS-112, REV. 1/80