STATE OF TEXAS 0577-22 104-01 **CERTIFICATE OF DEATH** E8169 STATE FILE NO. **99327**

TEXAS DEPARTMENT OF HEALTH RESOURCES — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside city limits, give precinct no.): Dallas
c. LENGTH OF STAY in 1 b.:
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION: Baylor Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [XX] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Texas
b. COUNTY: Red River
c. CITY OR TOWN (If outside city limits, give precinct no.): Clarksville
d. STREET ADDRESS (If rural, give location): 302 E. Monroe
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (Type or print): (a) First: Roscoe (b) Middle: Altus (c) Last: Norwood
4. DATE OF DEATH: November 25, 1978

5. SEX	6. COLOR OR RACE	7.	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Minutes
Male	White	Married [XX] Never Married [ ] Widowed [ ] Divorced [ ]	8/13/1915	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintainer Operator	City of Clarksville	Texas	USA

13. FATHER'S NAME: Will Norwood
14. MOTHER'S MAIDEN NAME: unavailable

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
Yes	WW-2	452-22-2162	Virginia Norwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH AS CAUSED BY:
IMMEDIATE CAUSE (a): Medical complications of fracture-dislocation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: (b) cervical vertebrae with quadraplegia.
(c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Arteriosclerotic Cardiovascular Disease
INTERVAL BETWEEN ONSET AND DEATH:

TEXAS DEPARTMENT OF HEALTH
REC'D FEB 12 1979
BUREAU OF VITAL STATISTICS

19. WAS AUTOPSY PERFORMED? YES [ ] NO [XX]

20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
XXX	[ ]	[ ]	Driver of auto which left roadway and overturned.

20c. TIME OF INJURY	Hour	Month	Day	Year
6:25 PM	a.m. p.m.	9	11	78

20d. INJURY OCCURRED	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
WHILE AT WORK XX NOT WHILE AT WORK [ ]	Street	Sulphur Springs	Hopkins	Texas

21. I hereby certify that I attended the deceased from inquest held 1/19/79 to _____ 19____ and last saw the deceased alive on _____ 19____ Death occurred at 8:15 P m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE	22b. ADDRESS	22c. DATE SIGNED
C.S. Petty, M.D. Chief (Degree or title) Medical Examiner	POB 35728 Dallas, Texas 75235	1/19/79

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
Removal	11-26-78	Fairview Cemetery

23d. LOCATION (City, town, or county)	(State)	24. FUNERAL DIRECTOR'S SIGNATURE
Clarksville	Texas	Clarksville Funeral Home Jw LaRoque

25a. REGISTRAR'S FILE NO.	25b. DATE REC'D BY LOCAL REGISTRAR	25c. REGISTRAR'S SIGNATURE
673	JAN 22 1979	Johnnie P. Willis

0143-79

VS-112, REV. 1/58