

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)									
a. COUNTY <i>Harris</i>		b. CITY OR TOWN (If outside city limits, give precinct no.) <i>Houston</i>		a. STATE <i>Texas</i>		b. COUNTY <i>Harris</i>							
c. LENGTH OF STAY in 1 b. <i>27 Years</i>		d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <i>Hermann Hospital</i>		c. CITY OR TOWN (If outside city limits, give precinct no.) <i>Houston</i>		d. STREET ADDRESS (If rural, give location) <i>1309 North Blvd.</i>							
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"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH										
(a) First <i>Dorothy</i>	(b) Middle <i>Cue</i>	(c) Last <i>Cowling</i>	January 28, 1961										
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>October 18, 1894</i>		9. AGE (In years last birthday) <i>66</i>		IF UNDER 1 YEAR Months Days Hours Minutes		IF UNDER 24 HRS. Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>				11. BIRTHPLACE (State or foreign country) <i>Travis, Texas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13. FATHER'S NAME <i>F. D. Glass, Sr.</i>						14. MOTHER'S MAIDEN NAME <i>Georgia Phillips</i>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>L. E. Cowling</i> <i>Mr. L. E. Cowling</i>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatosis, metastatic to lungs;</i> cardiac metastasis DUE TO (b) <i>Adenocarcinoma of rectum</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										INTERVAL BETWEEN ONSET AND DEATH <i>Sept 1960</i> <i>April 1959</i>			
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. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)									
20c. TIME OF INJURY Hour Month Day Year 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 <i>7-24-</i> 19 <i>53</i> to <i>1-28-</i> 19 <i>61</i> and last saw the deceased alive on <i>1-28-</i> 19 <i>61</i> . Death occurred at <i>10:40 p.</i> m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Chas. L. Rice</i> (Degree or title) <i>M.D.</i>						22b. ADDRESS <i>6448 Fannin</i> <i>Houston 25, Texas</i>				22c. DATE SIGNED <i>1-31-61</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>				23b. DATE <i>January 30, 1961</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Forest Park Cemetery</i>							
23d. LOCATION (City, town, or county) (State) <i>Houston Texas</i>				24. FUNERAL DIRECTOR'S SIGNATURE <i>Geo. H. Lewis & Sons (Gus D. Lewis #3722)</i>									
25a. REGISTRAR'S FILE NO. <i>745</i>				25b. DATE REC'D BY LOCAL REGISTRAR <i>FEB. 1, 1961</i>				25c. REGISTRAR'S SIGNATURE <i>J. N. Alban</i>					

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58