

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

C3274—Revised Jan. 1, 1949—Current Form

The Dorsey Company

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE OF TEXAS

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Dickens			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Texas b. COUNTY Dickens		
b. CITY (If outside corporate limits, write RURAL and give precinct no.) Spur		c. LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN McAdoo		
d. FULL NAME OF HOSPITAL OR INSTITUTION Nichols Gen. Hosp.			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) Walter	c. (Last) Stephenson	4. DATE OF DEATH 1-24-1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 24, 1876	9. AGE Years 76	Months 11
			Days 0	If under 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Augusta, Ark.		
12. FATHER'S NAME Samuel C. Stephenson		BIRTHPLACE N. Carolina	13. MOTHER'S MAIDEN NAME Maggie Wiggins	BIRTHPLACE Tennessee	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO.	16. INFORMANT'S SIGNATURE W. J. Stephenson		
17. CAUSE OF DEATH Enter only one cause per line for (a); (b); and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilation of Heart ANTECEDENT CAUSES DUE TO (b) Influenza & Pneumonia DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Same as above (B)			INTERVAL BETWEEN ONSET AND DEATH Several Days
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION		19. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20c. (City, Town, or Precinct No.)		(County) (State)
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		20e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	20f. HOW DID INJURY OCCUR?		
21. I hereby certify that I attended the deceased from Jan. 23 , 19 53 , to Jan. 24 , 19 53 , that I last saw the deceased alive on Jan 24 , 19 53 , and that death occurred at 9:00 A.m. , from the causes and on the date stated above.					
22a. SIGNATURE (Degree or title) P. C. Nichols M.D.		22b. ADDRESS Spur, Texas		22c. DATE SIGNED 1-28-53	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-25-53	23c. NAME OF CEMETERY OR CREMATORY McAdoo		
23d. LOCATION (City, town, or county) (State) McAdoo, Texas		24. FUNERAL DIRECTOR'S SIGNATURE Chandler Funeral Home Billy R. Barrett #4690			
25a. REGISTRAR'S FILE NO. 556		25b. DATE REC'D BY LOCAL REGISTRAR 1-30-53	25c. REGISTRAR'S SIGNATURE J.E. Berry		

IF DECEASED HAS RENDERED MILITARY SERVICE, FILL OUT THE FOLLOWING:

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| (a) Is the deceased reported to have been in such service?..... | (b) Name of organization in which service was rendered?..... |
| (c) Serial number of discharge papers or adjusted service certificate?..... | (d) Name of next of kin or of next friend?..... |
| (e) Post Office Address..... | |

Other marks of identification