

1. PLACE OF DEATH a. COUNTY Tarrant		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Tarrant	
b. CITY OR TOWN (If outside city limits, give precinct no.) North Richland Hills		c. LENGTH OF STAY in ¹ / ₂ days 19	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Glenview Hospital		d. STREET ADDRESS (If rural, give location) 120 Arcadia Street	
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"/>	
3. NAME OF DECEASED (Type or print) JAMES HOOD		4. DATE OF DEATH April 9, 1966	
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 16, 1926
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Sheet Metal Works	
11. BIRTHPLACE (State or foreign country) Tuckerman, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME J. H. Churchman, Sr.,		14. MOTHER'S MAIDEN NAME Georgia Blakely	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 429-12-8748	
17. INFORMANT <i>Mrs. James H. Churchman</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>Adenocarcinoma of the pancreas</i> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) <i>Numerous metastases to liver & bowel.</i>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2 mo.</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter reference of injury in Part I or Part II of item 18) TEXAS DEPARTMENT OF HEALTH	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		REC'D MAY 17 1966	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		BUREAU OF VITAL STATISTICS	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION COUNDS STATE _____	
21. I hereby certify that I attended the deceased from <i>1-29-66</i> to <i>4-9-66</i> and last saw the deceased alive on <i>4-9-66</i> . Death occurred at <i>11:30 A.</i> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert E. Chapman M.D.</i>		22b. ADDRESS <i>5808 E. Beltway Ft Worth TX</i>	
22c. DATE SIGNED <i>4-13-66</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE April 9, 1966		23c. NAME OF CEMETERY OR CREMATORY St. Boniface Cemetery	
23d. LOCATION (City, town, or county) (State) Scotland Archer Texas		24. FUNERAL DIRECTOR'S SIGNATURE <i>Sims Buttram 3566</i>	
25a. REGISTRAR'S FILE NO. 58		25b. DATE REC'D BY LOCAL REGISTRAR APR 14 1966	
		25c. REGISTRAR'S SIGNATURE <i>Jane S. Moore</i>	

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58 157