

809889

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

Admin Rochau
1025 E 61st Ave
Methelvelt

194

1 NAME OF DECEASED [Type or print] James Franklin Weber			2 SEX Male	3 DATE OF DEATH June 2, 1985	
4 RACE Caucasian	5a. WAS THE DECEDENT OF SPANISH ORIGIN? NO	5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC	6 DATE OF BIRTH Nov 1 1929	7. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Minutes
8a. PLACE OF DEATH - COUNTY Coryell		8b. CITY OR TOWN (If outside city limits, give precinct no.) Precinct 1	8c. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Rt 2 Box 772 Kempner		8d. INSIDE CITY LIMITS? No
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		10 BIRTHPLACE (State or foreign country) New York	11. CITIZEN OF WHAT COUNTRY? U.S.A	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? NO	
13 SURVIVING SPOUSE (If wife, give maiden name) Lois Weber					
14. SOCIAL SECURITY NO 309/26/7476		15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Repair		15b. KIND OF BUSINESS OR INDUSTRY Maintenance	
16a. RESIDENCE - STATE Texas	16b. COUNTY Coryell	16c. CITY OR TOWN (If outside city limits, show rural) Rural	16d. STREET ADDRESS (If rural, give location) Rt 2 Box 772 Kempner		16e. INSIDE CITY LIMITS? No
17. FATHER'S NAME Frances Weber		18. MOTHER'S MAIDEN NAME N/A		19. SIGNATURE OF INFORMANT <i>Mrs. Lois Weber</i>	
20 PART I CAUSE OF DEATH IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)]	(a) Cardiac Arrest				Interval between onset and death
	(b) Cancer				Interval between onset and death
	(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)				
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]			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]	
	23b. DATE SIGNED [Mo., Day, Yr.]	23c. HOUR OF DEATH M.		24b. DATE SIGNED [Mo., Day, Yr.]	24c. HOUR OF DEATH P M.
	23d. NAME OF ATTENDING PHYSICIAN [Type or print]			24d. PRONOUNCED DEAD [Mo., Day, Year] ON	24e. PRONOUNCED DEAD [Hour] AT
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal Burial		25b. DATE June 2 1985	25c. NAME OF CEMETERY OR CREMATORY Copperas Cove City Cemetery		
25d. LOCATION [City, town, or county] Copperas Cove		[State] Texas	25. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Ray B. Allenburg</i> Palmer Vansau		
27a. REGISTRAR'S FILE NO. 95-A-85	27b. DATE REC'D BY LOCAL REGISTRAR June 17th, 1985		27c. SIGNATURE OF LOCAL REGISTRAR <i>Norman C. Storm</i>		

VS-112, REV. 1/80

STATE OF TEXAS
COUNTY OF CORYELLTHIS IS TO CERTIFY THAT THIS IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.NORMAN C. STORM
JUSTICE OF THE PEACE
PRECINCT #2 CORYELL COUNTY
COPPERAS COVE, TEXAS 76522FILED
JUL 3 1985

AUDITOR LAKE COUNTY

#32-1-1

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