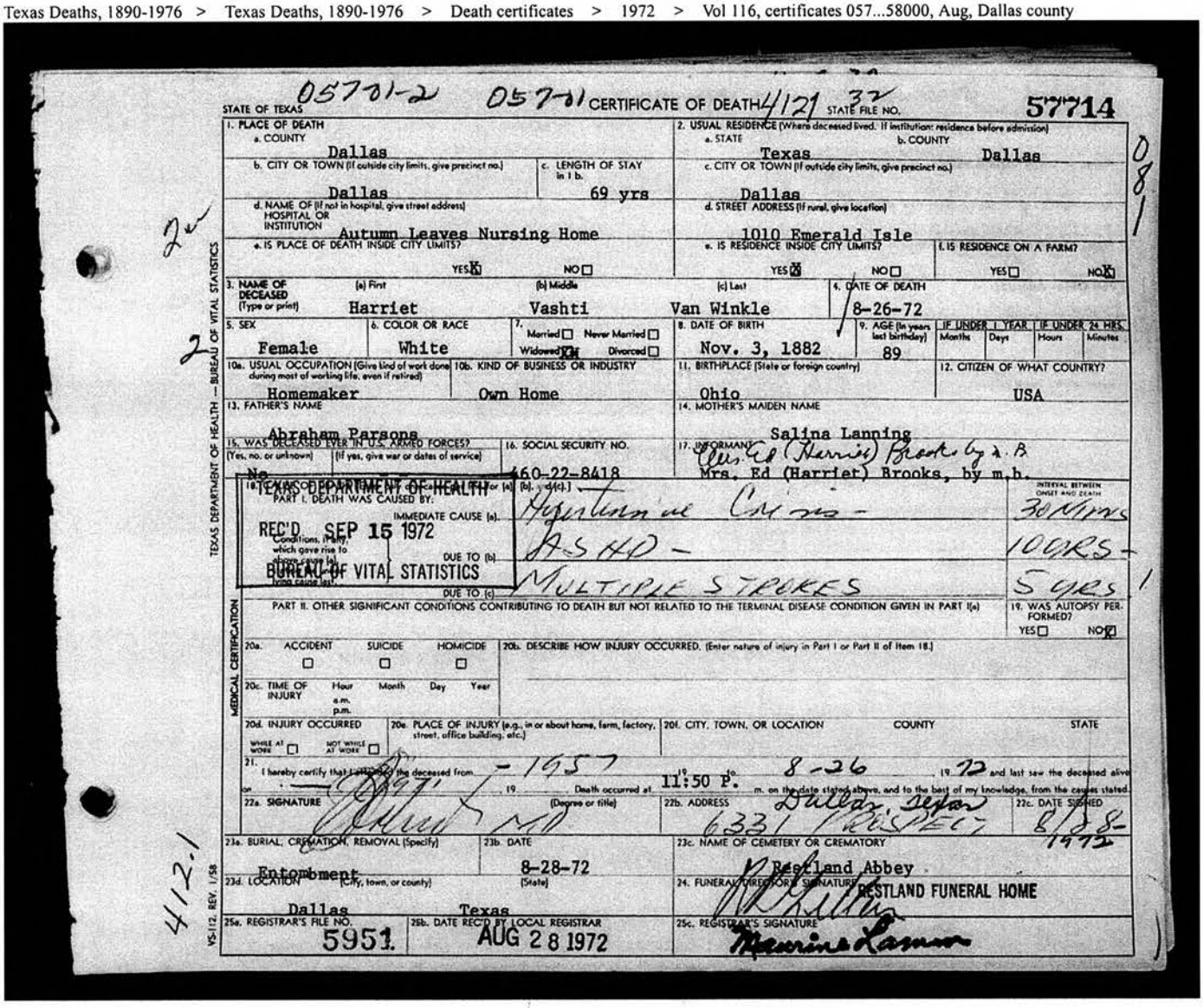

05701-2 05701 CERTIFICATE OF DEATH 4121 37 STATE FILE NO. 57714

STATE OF TEXAS — TEXAS DEPARTMENT OF HEALTH — 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 Texas: 69 yrs
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION: Autumn Leaves Nursing Home
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Texas
b. COUNTY: Dallas
c. CITY OR TOWN (If outside city limits, give precinct no.): Dallas
d. STREET ADDRESS (If rural, give location): 1010 Emerald Isle
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: Harriet (b) Middle: Vashti (c) Last: Van Winkle
4. DATE OF DEATH: 8-26-72
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: Nov. 3, 1882
9. AGE (In years last birthday): 89
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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Abraham Parsons
14. MOTHER'S MAIDEN NAME: Salina Lanning
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 460-22-8418
17. INFORMANT: Mrs. Ed (Harriet) Brooks, by m.b.

TEXAS DEPARTMENT OF HEALTH
RECD SEP 15 1972
BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

18. PART I. DEATH WAS CAUSED BY: (a)–(d) [Enter only one cause per line for (a), (b), (c), (d).] — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Hypertensive Crisis — 30 Mins
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): A-S HD — 10 YRS
DUE TO (c): MULTIPLE STROKES — 5 YRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. / Month / Day / Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 [illegible] 19[illegible] to 8-26 19 72 and last saw the deceased alive on [illegible] 19 [illegible]. Death occurred at 11:50 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [illegible] MD (Degree or title)
22b. ADDRESS: Dallas, Texas 6331 Prospect
22c. DATE SIGNED: 8-28-1972
23a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
23b. DATE: 8-28-72
23c. NAME OF CEMETERY OR CREMATORY: Restland Abbey
23d. LOCATION (City, town, or county): Dallas (State): Texas
24. FUNERAL DIRECTOR'S SIGNATURE: RESTLAND FUNERAL HOME
25a. REGISTRAR'S FILE NO.: 5951
25b. DATE REC'D BY LOCAL REGISTRAR: AUG 28 1972
25c. REGISTRAR'S SIGNATURE: Maurine Lanier

VS-112, REV. 1/58

Name	Event Type	Event Date	Event Place	Gender	Marital Status	Birth Date	Birthplace	Father's Name	Mother's Name	Certificate Number
Harriet Vashti Van Winkle	Death	26 Aug 1972	Dallas, Dallas, Texas, United States	Female	Widowed	03 Nov 1882	, Ohio	Abraham Parsons	Salina Lanning	57714