STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

Texas Department of Health — BUREAU OF VITAL STATISTICS

1. NAME OF DECEASED (Type or print)	[a] First: John	[b] Middle: William	[c] Last: Nelson	2. SEX: Male	3. DATE OF DEATH: July 7, 1981	
4. RACE: Cauc.	5a. WAS THE DECEDENT OF SPANISH ORIGIN?: no	5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.: -------	6. DATE OF BIRTH: 9-22-1886	7. AGE [In years last birthday]: 94	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Minutes
8a. PLACE OF DEATH — COUNTY: Nueces	8b. CITY OR TOWN [If outside city limits, give precinct no.]: Corpus Christi	8c. NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION: Memorial Medical Center			8d. INSIDE CITY LIMITS?: yes	
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED [Specify]: Married	10. BIRTHPLACE [State or foreign country]: Ark.	11. CITIZEN OF WHAT COUNTRY?: U.S.A.	12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: yes	13. SURVIVING SPOUSE [If wife, give maiden name]: Electa Coltrin		
14. SOCIAL SECURITY NO.: 449-09-5253	15a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired]: Banker	15b. KIND OF BUSINESS OR INDUSTRY: Banking				
16a. RESIDENCE — STATE: Texas	16b. COUNTY: San Patricio	16c. CITY OR TOWN [If outside city limits, show rural]: Mathis	16d. STREET ADDRESS [If rural, give location]: 618 E. Mesquite Street	16e. INSIDE CITY LIMITS?: yes		
17. FATHER'S NAME: Jesse N. Nelson	18. MOTHER'S MAIDEN NAME: Bettie Adams	19. SIGNATURE OF INFORMANT: x Mrs. John S Nelson				

CAUSE OF DEATH

20. IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)]

PART I — Conditions, if any, which gave rise to immediate cause stating the underlying cause last

(a) Cardiogenic shock — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(b) Severe congestive heart failure — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) Arteriosclerotic heart disease — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Previous cerebral embolus.

21. AUTOPSY?: No

22a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. [Specify]	22b. DATE OF INJURY [Mo., Day, Yr.]	22c. HOUR OF INJURY	22d. DESCRIBE HOW INJURY OCCURRED
		M.	

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]: R. L. Fordtran M.D.

23b. DATE SIGNED [Mo., Day, Yr.]: 7/10/81

23c. HOUR OF DEATH: 6:20 P.M. M.

23d. NAME OF ATTENDING PHYSICIAN [Type or print]: Robert L. Fordtran, M.D.

To be completed by MEDICAL EXAMINER or CORONER only

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]

24b. DATE SIGNED [Mo., Day, Yr.]

24c. HOUR OF DEATH M.

24d. PRONOUNCED DEAD [Mo., Day, Year] ON

24e. PRONOUNCED DEAD [Hour] AT M.

25a. BURIAL, CREMATION, REMOVAL [Specify]	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY
Burial	July 9, 1981	Cenizo Hill Cemetery

25d. LOCATION [City, town, or county]	[State]	25e. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
Mathis	Texas	Jane Q Brown of Dobie Funeral Home

27a. REGISTRAR'S FILE NO.	27b. DATE REC'D BY LOCAL REGISTRAR	27c. SIGNATURE OF LOCAL REGISTRAR
1059	JUL 14 1981	

VS-112, REV. 1/80

STATE OF TEXAS

COUNTY OF NUECES, CITY OF CORPUS CHRISTI

I HEREBY CERTIFY that this is a true copy of the certificate filed in the Division of Vital Statistics, Corpus Christi-Nueces County Health Department, Corpus Christi, Texas.

DATE July 14, 1981

By Zadd Given

Seal

City Register