

STATE OF TEXAS 015-01-21 015-71 CERTIFICATE OF DEATH A STATE FILE NO. 20990

1. PLACE OF DEATH a. COUNTY <b>Bexar</b> b. CITY OR TOWN (if outside city limits, give precinct no.) <b>San Antonio</b> c. LENGTH OF STAY in 1 h. <b>Life</b> d. STREET ADDRESS (if rural, give location) <b>San Antonio</b> e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Bexar</b> c. CITY OR TOWN (if outside city limits, give precinct no.) <b>San Antonio</b> d. STREET ADDRESS (if rural, give location) <b>3802 S. Mitten St.</b> e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Doris M. Laue</b> 4. SEX <b>Female</b> 5. COLOR OR RACE <b>White</b> 6. MARRIAGE STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		7. DATE OF DEATH <b>April 15, 1965</b> 8. DATE OF BIRTH <b>May 28, 1923</b> 9. AGE (In years last birthday) <b>41</b> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> 11. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b> 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Lee Earl Bartlett, Sr.</b> 14. MOTHER'S MAIDEN NAME <b>Bassa Clark</b> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <b>No</b> 16. SOCIAL SECURITY NO. <b>Not available</b> 17. INFORMANT <b>Doris M. Laue</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Autopsy Pending</b> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. } 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 (a) _____	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II.) 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 20d. INJURY OCCURRED WHERE AT <input type="checkbox"/> HOME <input type="checkbox"/> NOT HOME <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) _____ 20f. CITY, TOWN, OR LOCATION _____	
21. I hereby certify that I attended the deceased from <b>Apr 15</b> to <b>Apr 15</b> and last saw the deceased alive on <b>Apr 15</b> at <b>12:20 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE <b>Edward H. Anderson M.D.</b> 22b. ADDRESS (Degree or title) <b>3201 S. Gevers Street San Antonio, Texas</b> 22c. DATE SIGNED <b>5-7-65</b>		23. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> 23a. DATE <b>April 17, 1965</b> 23b. LOCATION (City, town, or county) <b>San Antonio Texas</b> 23c. NAME OF CEMETERY OR CREMATORY <b>Mission Burial Park</b> 23d. SIGNATURE OF CLERK <b>Porter Loring Jr.</b> 23e. CLERK'S SIGNATURE _____	
24. REGISTRAR'S FILE NO. <b>1713</b> 25. DATE REC'D BY LOCAL REGISTRAR <b>APR 16 1965</b>		TEXAS DEPARTMENT OF HEALTH REC'D - APR 28 1965 BUREAU OF VITAL STATISTICS	

3b. middle initial only.


Porter Loring Jr. #4986  
Paul McChesney Emb. #3491

Duplicate attached to records at San Anton. Texas

Reg. No. 1713

**AMENDMENT TO MEDICAL CERTIFICATION OF CERTIFICATE OF DEATH**

TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

PART I. INFORMATION CONCERNING DECEASED AS SHOWN ON ORIGINAL DEATH CERTIFICATE		DATE OF DEATH	
NAME OF DECEASED <b>Doris M. Laue</b>		<b>April 15, 1965</b>	
PLACE OF DEATH <b>San Antonio, Bexar County, Texas</b>		STATE FILE NO. (IF KNOWN) _____	
PART II. MEDICAL CERTIFICATION			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN GREAT AND DEATH	
IMMEDIATE CAUSE (a) <b>CARHEXIA</b>		_____	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. } DUE TO (b) <b>RADIATION REACTION TO PELVIS AND PERITONEUM</b>		_____	
DUE TO (c) <b>CARCINOMA OF CERVIX TREATED C RADIATION</b>		_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) _____		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II.) 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 20d. INJURY OCCURRED WHERE AT <input type="checkbox"/> HOME <input type="checkbox"/> NOT HOME <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) _____ 20f. CITY, TOWN, OR LOCATION _____		20g. CITY, TOWN, OR LOCATION _____	
21. I hereby certify that I attended the deceased from <b>Oct 60</b> to <b>April 15 65</b> and last saw the deceased alive on <b>April 15 65</b> at <b>12:20 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Edward H. Anderson M.D.</b>		22b. ADDRESS (Degree or title) <b>3201 S. Gevers Street San Antonio, Texas</b>	
22c. DATE SIGNED <b>5-7-65</b>		22d. SIGNATURE _____	
PART III. AFFIDAVIT			
STATE OF TEXAS COUNTY OF <b>Bexar</b>			
BEFORE ME ON THIS DAY APPEARED THE PERSON WHO SIGNED THE MEDICAL CERTIFICATION IN PART II ABOVE WHO ON OATH DEPOSES AND SAYS THAT PART II ABOVE IS A TRUE AND CORRECTED STATEMENT OF THE CAUSE(S) OF DEATH OF THE PERSON NAMED IN PART I ABOVE.			
SIGNATURE OF AFFIAN <b>Edward H. Anderson M.D.</b>		_____	
SWORN TO AND SUBSCRIBED BEFORE ME THIS THE <b>7</b> DAY OF <b>May</b> 19 <b>65</b>			
 <b>JUNE WOINOWSK</b> Notary Public, Bexar County, Texas My commission expires June 1, 1965			
NOTARY PUBLIC IN AND FOR _____		Bexar COUNTY, TEXAS	

VS-174, REV. 1/60