

STATE OF TEXAS, COUNTY OF FALLS, Clarence E. Alford, DEATH RECORDS OF FALLS CO. DATE 6-26-86

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF THE DEATH CERTIFICATE FILED IN THIS OFFICE FOR RECORD IN THE DEPARTMENT OF HEALTH AND VITAL STATISTICS, PRECT. 1, FALLS CO. TEXAS

WARNING

The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$5,000. (Article 4477c, Revised Civil Statutes of Texas)

VS-112, REV. 1/80

STATE OF TEXAS			CERTIFICATE OF DEATH			STATE FILE NO					
1 NAME OF DECEASED (Type or print) Clarence E Alford			2 SEX Male	3 DATE OF DEATH 6/18/86							
4 RACE Caucasion		5a WAS THE DECEASED OF SPANISH ORIGIN? No	5b IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. ---	6 DATE OF BIRTH 4/25/12	7 AGE (In years last birthday) 74	IF UNDER 1 YEAR Months: _____ Days: _____		IF UNDER 24 HRS Hours: _____ Minutes: _____			
8a PLACE OF DEATH - COUNTY Falls			8b CITY OR TOWN (If outside city limits give precinct no.) Marlin		8c NAME OF (If not in hospital give street address) HOSPITAL OR INSTITUTION VA Medical Center			8d INSIDE CITY LIMITS? Yes			
9 MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		10 BIRTHPLACE (State or foreign country) Texas	11 CITIZEN OF WHAT COUNTRY? USA		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes		13 SURVIVING SPOUSE (If wife, give maiden name) Carrie Alice				
14 SOCIAL SECURITY NO 455-14-2522			15a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Time Keeper			15b KIND OF BUSINESS OR INDUSTRY Quanna Construction					
16a RESIDENCE - STATE Texas		16b COUNTY Robertson		16c CITY OR TOWN (If outside city limits, show tract) Bremond		16d STREET ADDRESS (If rural, give location) Rt. 3, Box 112 A			16e INSIDE CITY LIMITS? No		
17 FATHER'S NAME Tom Alford				18 MOTHER'S MAIDEN NAME Carolina Rose				19 SIGNATURE OF INFORMANT <i>Carrie Alice Alford</i>			
20 PART I		IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), (c))						Interval between onset and death			
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		(a) Cardiorespiratory collapse DUE TO, OR AS A CONSEQUENCE OF:						4 minutes			
		(b) Cachexia from metastatic lung cancer & advanced pulmonary emphysema DUE TO, OR AS A CONSEQUENCE OF:						months			
		(c) Squamous cell carcinoma right main stem bronchus						5 years			
20 PART II		OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a):						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					
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) <i>Robert G. Ellis, M.D.</i>						23b 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				23d DATE SIGNED (Mo., Day, Yr.)		23e HOUR OF DEATH			
6/18/86		11:00 a. m.						M			
23d NAME OF ATTENDING PHYSICIAN (Type or print) ROBERT G. ELLIS, M.D.		23e PRONOUNCED DEAD (Mo., Day, Year)		23f PRONOUNCED DEAD (Mo., Day, Year)							
		Off		A⁺				M			
25a BURIAL, CREMATION, REMOVAL (Specify) Burial			25b DATE June 21, 1986			25c NAME OF CEMETERY OR CREMATORY Forest Grove Cemetery					
25d LOCATION (City, town, or county) (State) Forest Grove Community, Texas			26 SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING IN DEATH <i>William J. Phillips 7197</i>								
27a REGISTRAR'S FILE NO 102			27b DATE REC'D BY LOCAL REGISTRAR 6 / 26 / 86			27c SIGNATURE OF LOCAL REGISTRAR <i>SR Hardy</i>					

Texas Department of Health - BUREAU OF VITAL STATISTICS