I, AMELIA JEANES DO HEREBY CERTIFY THAT THIS INSTRUMENT IS A TRUE AND CORRECT COPY OF THE DEATH CERTIFICATE OF Curtis George Goetz

SIGNED Amelia Jeanes

REGISTRAR

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: CURTIS	[b] Middle: GEORGE	[c] Last: GOETZ	2. SEX: MALE	3. DATE OF DEATH: MARCH 21, 1984
4. RACE: WHITE	5a. WAS THE DECEDENT OF SPANISH ORIGIN?: NO	5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC: ----------	6. DATE OF BIRTH: 4/9/12	7. AGE (In years last birthday): 71	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Minutes
8a. PLACE OF DEATH — COUNTY: SAN AUGUSTINE	8b. CITY OR TOWN (If outside city limits, give precinct no.): SAN AUGUSTINE	8c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): MEMORIAL HOSPITAL			8d. INSIDE CITY LIMITS?: YES
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	10. BIRTHPLACE (State or foreign country): GERMANY	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): NELDA GREER	
14. SOCIAL SECURITY NO.: 098 12 3858	15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REAL ESTATE & INVESTMENTS	15b. KIND OF BUSINESS OR INDUSTRY: REAL ESTATE			
16a. RESIDENCE — STATE: TEXAS	16b. COUNTY: SAN AUGUSTINE	16c. CITY OR TOWN (If outside city limits, show rural): SAN AUGUSTINE	16d. STREET ADDRESS (If rural, give location): 306 So. LIBERTY ST.	16e. INSIDE CITY LIMITS?: YES	
17. FATHER'S NAME: EMIL ERNST GOETZ	18. MOTHER'S MAIDEN NAME: FRANSISKA KAUFMANN	19. SIGNATURE OF INFORMANT: Curtis Goetz			

CAUSE OF DEATH

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

IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), (c))

(a) Carcinoma of Prostate & Metastasis — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 6 yrs.

(b) — DUE TO, OR AS A CONSEQUENCE OF: — 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) — 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]: C. R. Haley, MD

23b. DATE SIGNED [Mo., Day, Yr.]: 3/26/84

23c. HOUR OF DEATH: 3/21/84 3:05 P.M.

23d. NAME OF ATTENDING PHYSICIAN [Type or print]: C. R. HALEY, 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

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

24e. PRONOUNCED DEAD [Hour] AT

25a. BURIAL, CREMATION, REMOVAL [Specify]	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY
BURIAL	MAR. 23, 1984	SAN AUGUSTINE CITY CEMETERY

25d. LOCATION [City, town, or county]	[State]	26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
SAN AUGUSTINE	TEXAS	WYMAN ROBERTS FUNERAL HOME 6352

27a. REGISTRAR'S FILE NO.	27b. DATE REC'D BY LOCAL REGISTRAR	27c. SIGNATURE OF LOCAL REGISTRAR
	March 29, 1984	Amelia Jeanes

VS-112, REV. 1/80