011-00-3 011-00

STATE OF TEXAS — CERTIFICATE OF DEATH 42 80 — STATE FILE NO. 22688

Texas Department of Health — BUREAU OF VITAL STATISTICS

| 1 NAME OF DECEASED [Type or print] [a] First | [b] Middle | [c] Last | 2 SEX | 3 DATE OF DEATH |
|---|---|---|---|---|
| Earl | Harvy | Dommert | Male | April 12, 1980 |

| 4 RACE | 5a WAS THE DECEDENT OF SPANISH ORIGIN? | 5b IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC | 6 DATE OF BIRTH | 7 AGE [In years last birthday] | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Minutes |
|---|---|---|---|---|---|---|
| White | No | | 3-6-1914 | 66 | | |

| 8a PLACE OF DEATH — COUNTY | 8b CITY OR TOWN [If outside city limits, give precinct no.] | 8c NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION | 8d INSIDE CITY LIMITS? |
|---|---|---|---|
| Bastrop | Pct. 2 | Old Lake Road | No |

| 9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED [Specify] | 10 BIRTHPLACE [State or foreign country] | 11 CITIZEN OF WHAT COUNTRY? | 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? | 13 SURVIVING SPOUSE [If wife, give maiden name] |
|---|---|---|---|---|
| Married | Louisiana | U.S.A. | No | Elizabeth Marvick |

| 14 SOCIAL SECURITY NO | 15a USUAL OCCUPATION [Give kind of work done during most of working life, even if retired] | 15b KIND OF BUSINESS OR INDUSTRY |
|---|---|---|
| 461-07-0647 | Electrician | General Construction |

| 16a RESIDENCE — STATE | 16b COUNTY | 16c CITY OR TOWN [If outside city limits, show rural] | 16d STREET ADDRESS [If rural, give location] | 16e INSIDE CITY LIMITS? |
|---|---|---|---|---|
| Texas | Bastrop | Smithville Rural | Colorado Road | No |

| 17 FATHER'S NAME | 18 MOTHER'S MAIDEN NAME | 19 SIGNATURE OF INFORMANT |
|---|---|---|
| Gustar Dommert | Onelia Welch | Mrs. E. H. Dommert |

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) Congestive Heart Failure — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death

(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.B. Moers

23b DATE SIGNED [Mo., Day, Yr.]: 4-21-80

23c HOUR OF DEATH: 5:00 P M

23d NAME OF ATTENDING PHYSICIAN [Type or print]: A.E. Moers 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]

TEXAS DEPARTMENT OF HEALTH REC'D APR 25 1980 BUREAU OF VITAL STATISTICS

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

24c HOUR OF DEATH M.

24d PRONOUNCED DEAD [Month, Day, Year] ON

24e PRONOUNCED DEAD [Hour] AT M.

| 25a BURIAL, CREMATION, REMOVAL [Specify] | 25b DATE | 25c NAME OF CEMETERY OR CREMATORY |
|---|---|---|
| Removal | April 16, 1980 | Cedar Crest Cemetery |

| 25d LOCATION [City, town, or county] [State] | 26 SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH |
|---|---|
| Baytown Harris, Texas | Earthman F.H., Joe Speck, No. 3778 |

| 27a REGISTRAR'S FILE NO | 27b DATE REC'D BY LOCAL REGISTRAR | 27c SIGNATURE OF LOCAL REGISTRAR |
|---|---|---|
| 15 | 4-21-80 | O.B. Warnke |

VS-112, REV 1/80