

057-01-1 057-01

332 X 22

8441

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b>			b. COUNTY <b>Dallas</b>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Dallas</b>			c. LENGTH OF STAY in l. b. <b>67 years</b>			c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Dallas</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>3002 Carlson</b>			d. STREET ADDRESS (If rural, give location) <b>3002 Carlson</b>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Nellie</b>			(a) First <b>Ethel</b>			(c) Last <b>Godwin</b>		
5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>			7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		
8. DATE OF BIRTH <b>June 6, 1891</b>			9. AGE (In years last birthday) <b>68</b>			10. IF UNDER 1 YEAR Months Days Hours Minutes		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cafeteria Manager</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Dallas Board of Education</b>			11. BIRTHPLACE (State or foreign country) <b>Sherman, Texas</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>J. T. Lake</b>			14. MOTHER'S MAIDEN NAME <b>Jennie Jackson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>---</b>			16. SOCIAL SECURITY NO. <b>#</b>			17. INFORMANT <b>Warren Robinson</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>Cerebral thromboses, multiple</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerosis, severe, generalized</b> DUE TO (c) <b>Malnutrition due to inability to chew &amp; swallow</b>								INTERVAL BETWEEN ONSET AND DEATH <b>18 mos.</b> <b>6-8 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Malnutrition due to inability to chew &amp; swallow</b>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 I or Part II.)					
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		
20f. CITY, TOWN, OR LOCATION <b>Dallas</b>			20g. COUNTY <b>Dallas</b>			20h. STATE <b>Texas</b>		
21. I hereby certify that I attended the deceased from <b>Jan 13 1959</b> to <b>22 Feb. 1960</b> and last saw the deceased alive on <b>Jan 13 1959</b> at <b>5:30 A.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Robert L. Mason, M.D.</b>			22b. ADDRESS <b>203 Med. Arts Bldg.</b>			22c. DATE SIGNED <b>22 Feb. 60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>2-23-1960</b>			23c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>		
23d. LOCATION (City, town, or county) <b>Dallas, Texas</b>			24. FUNERAL DIRECTOR'S SIGNATURE <b>Sparkman's, Inc., [Signature]</b>			25. REGISTRAR'S SIGNATURE <b>[Signature]</b>		
25a. REGISTRAR'S FILE NO. <b>1064</b>			25b. DATE REC'D BY LOCAL REGISTRAR <b>Feb. 22, 1960</b>			25c. REGISTRAR'S SIGNATURE <b>[Signature]</b>		

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

TEXAS DEPARTMENT OF HEALTH  
REC'D MAR 10 1960  
BUREAU OF VITAL STATISTICS

VS-112, REV. 1/58  
332

ACTING REGISTRAR

Citation:

"Hunt, Texas, United States records," images, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33SQ-GY1M-9YP3?view=index> : Apr 13, 2025), image 983 of 3397; Texas. State Registrar Office.

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