

188-1-0-1 188-1-0

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF TEXAS
CERTIFICATE OF DEATH

4200 25

45838

STATE FILE NO.

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY Potter		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Potter	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Amarillo		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Amarillo,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 509 N. Johnson		d. STREET ADDRESS (If rural, give location) 3809 E. 17th Street	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Lee c. (Last) Carathers		4. DATE OF DEATH August 23, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 14, 1881
9. AGE YEARS MONTHS DAYS 76 0 9		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (State or foreign country) Texas		12. FATHER'S NAME John Carathers	
13. MOTHER'S MAIDEN NAME Melvia Caldwell		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
15. SOCIAL SECURITY NO. No record		16. INFORMANT'S SIGNATURE <i>W.D. Carathers</i>	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT (Specify) SUICIDE	
20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20f. HOW DID INJURY OCCUR? TEXAS DEPARTMENT OF HEALTH REC'D SEP 12 1957 BUREAU OF VITAL STATISTICS		21. I hereby certify that I attended the deceased from <i>June 15, 1957</i> , to <i>August 23, 1957</i> , that I last saw the deceased alive on <i>Aug 23, 1957</i> , and that death occurred at <i>12:45 a.m.</i> , from the causes and on the date stated above.	
22a. SIGNATURE <i>John Carathers</i>		22b. ADDRESS <i>1501 W. 10th Amarillo Tex</i>	
22c. DATE SIGNED <i>8-23-57</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE August 24, 1957		23c. NAME OF CEMETERY OR CREMATORY Llano	
23d. LOCATION (City, town, or county) (State) Amarillo Texas		24. FUNERAL DIRECTOR'S SIGNATURE Blackburn Shaw Funeral Directors Robert Sims	
25a. REGISTRAR'S FILE NO. 475		25b. DATE REC'D BY LOCAL REGISTRAR 8-24-57	
25c. REGISTRAR'S SIGNATURE <i>Charles Wolpe, M.D.</i>			

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Citation:

"Texas, United States records," images, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33SQ-GB98-31MP?view=index> : Mar 3, 2025), image 193 of 3466; Texas. State Registrar Office.

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