

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas b. COUNTY Dallas	
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. LENGTH OF STAY in l. b. 72 yrs	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Gaston Convalescent Center		d. STREET ADDRESS (If rural, give location) 5119 Live Oak A. 5	
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) (a) First Josephine		(c) Last Eastman	
4. DATE OF DEATH May 25, 1971			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 9, 1899
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Minutes	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Executive Secretary	
11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Earl Aulsbrook		14. MOTHER'S MAIDEN NAME Dora Colwell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 455-36-1203	
17. INFORMANT Robert Conner		17. INFORMANT Robert Conner By: L.M. Kelly	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] TEXAS DEPARTMENT OF HEALTH RECORDED JUN 7 1971 BUREAU OF VITAL STATISTICS IMMEDIATE CAUSE (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 10 minutes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 of Item 18.)	
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		COUNTY STATE	
21. I hereby certify that I attended the deceased from 11-25 19 64 to 5-25 19 71 and last saw the deceased alive on 5-13 19 71 . Death occurred at 9:15 AM m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. P. Armstrong (Degree or title)		22b. ADDRESS 3434 56th St	
22c. DATE SIGNED 5-26-71			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 28, 1971	
23c. NAME OF CEMETERY OR CREMATORY Restland Cemetery			
23d. LOCATION (City, town, or county) (State) Dallas Texas		24. FUNERAL DIRECTOR'S SIGNATURE Macon - Douglas L.M. Kelly #6201	
25a. REGISTRAR'S FILE NO. 3674		25b. DATE REC'D BY LOCAL REGISTRAR MAY 27 1971	
25c. REGISTRAR'S SIGNATURE Maurine Lamm			

1cc
5cc
1cc

450

VS-112, REV. 1/58

01501

Citation:

"Texas, United States records," images, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33S7-9Y1S-9D9T?view=index> : Apr 30, 2025), image 399 of 3507;

Texas. State Registrar Office.

Image Group Number: 005145925

<https://www.familysearch.org/ark:/61903/3:1:33S7-9Y1S-9D9T?view=index>