STATE OF TEXAS — CERTIFICATE OF DEATH — STATE FILE NUMBER

Texas Department of Health — Bureau of Vital Statistics

1. NAME OF DECEASED (a) FIRST	(b) MIDDLE	(c) LAST	(d) MAIDEN	2. SEX	3. DATE OF DEATH
Ida	Marr	Denison	Baldwin	Female	7-29-1997

4. DATE OF BIRTH	5. AGE (IN YEARS)	IF UNDER 1 YR. MO / DAYS	IF UNDER 1 DAY HOURS / MIN	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)	7. SOCIAL SECURITY NO.
4-21-1932	64			Stonewall County	461-76-3807

8. RACE	9a. WAS THE DECEDENT OF HISPANIC ORIGIN?	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEDENT EVER IN U.S. ARMED FORCES?	11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+)
Caucasian	☐ YES ☒ NO		☐ YES ☒ NO	14

12. MARITAL STATUS	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	14a. DECEDENT'S USUAL OCCUPATION	14b. KIND OF BUSINESS OR INDUSTRY
☐ MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED	None	Homemaker	OwnHome

15a. RESIDENCE STREET ADDRESS	15b. CITY OR TOWN
Rt. 1 Box 84	Old Glory

15c. COUNTY	15d. STATE	15e. ZIP CODE	15f. INSIDE CITY LIMITS
Stonewall	Texas	79540	☐ YES ☒ NO

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME
M.A. Baldwin	Ethel Bowers

18. PLACE OF DEATH (CHECK ONLY ONE)

HOSPITAL: ☒ INPATIENT ☐ ER/OUTPATIENT ☐ DOA | OTHER: ☐ NURSING HOME ☐ RESIDENCE ☐ OTHER (SPECIFY)

19. COUNTY OF DEATH	20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)	21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address)
Taylor	Abilene	Hendrick Medical Center

22. INFORMANT — SIGNATURE & RELATIONSHIP	23. MAILING ADDRESS OF INFORMANT
John W. Denison Son	RR 1 Box 19A Aspermont, Texas 79

24. METHOD OF DISPOSITION	25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)	25b. Section / Block / Lot / Space / Unknown ☒	29. NAME & ADDRESS OF FUNERAL HOME
☒ BURIAL ☐ CREMATION ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTHER (SPECIFY)	Rule Cemetery 26. LOCATION (CITY, STATE) Rule, Texas 27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH [signature]	28. DATE OF DISPOSITION 7-29-1997	McCoy Funeral Home P.O. Box 506 Aspermont, Texas 795C

30. CERTIFIER

☒ CERTIFYING PHYSICIAN — TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

☐ MEDICAL EXAMINER / ☐ JUSTICE OF THE PEACE — ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

31. SIGNATURE & TITLE OF CERTIFIER	32. DATE SIGNED MO / DAY / YEAR	33. TIME OF DEATH
[signature] M.D.	8 / 12 / 1997	8:40 PM

34. PRINTER NAME & ADDRESS OF CERTIFIER

Dr. Leigh Taliaferro M.D. 1100 N. 19th Street, Suite 3G, Abilene, TX 79601

CAUSE OF DEATH

35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Small bowel obstruction	
	DUE TO (OR AS A LIKELY CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE *(disease or injury that initiated events resulting in death)* LAST	b. Severe malnutrition	
	DUE TO (OR AS A LIKELY CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A LIKELY CONSEQUENCE OF):	
	d.	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)

36a. AUTOPSY?	36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
☐ YES ☐ NO	☐ YES ☐ NO

37. DID TOBACCO USE CONTRIBUTE TO DEATH	38. DID ALCOHOL USE CONTRIBUTE TO DEATH	39. WAS DECEDENT PREGNANT
☐ YES ☐ PROBABLY ☐ NO ☐ UNKNOWN	☐ YES ☐ PROBABLY ☐ NO ☐ UNKNOWN	AT TIME OF DEATH ☐ YES ☐ NO ☐ UNK WITHIN LAST 12 MO ☐ YES ☐ NO ☐ UNK

40. MANNER OF DEATH	41a. DATE OF INJURY	41b. TIME OF INJURY	41c. INJURY AT WORK	41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE ETC. (SPECIFY)
☐ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED		M.	☐ YES ☐ NO	

41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)

41f. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR

WARNING
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to $10,000. (Health and Safety Code, Sec. 195, 1989)

-112 REV. 9/95