

637

CERTIFICATE OF DEATH 1419

STATE FILE NO.

STATE OF TEXAS		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
a. COUNTY Harris		a. STATE Texas b. COUNTY Orange	
b. CITY OR TOWN (If outside city limits, give precinct no.) Houston		c. LENGTH OF STAY in b. Few Days	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Rosewood General Hospital		c. CITY OR TOWN (If outside city limits, give precinct no.) Orange	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		d. STREET ADDRESS (If rural, give location) #20 Circle C	
3. NAME OF DECEASED (Type or print) James Ambrose		e. IS RESIDENCE INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> Never Married <input type="checkbox"/>		8. DATE OF BIRTH Dec. 18, 1910 9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months 59 Days 0 Hours 0 Minutes 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Senior Co-ordinator		10b. KIND OF BUSINESS OR INDUSTRY Engineering and Construction Co.	
11. BIRTHPLACE (State or foreign country) Stevensville, Montana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edward Hanlon Ten Eyck		14. MOTHER'S MAIDEN NAME Eva Boyd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No		16. SOCIAL SECURITY NO. 468-09-4109	
17. INFORMANT Barbara a Ten Eyck		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute hypotension	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) Partial respiratory obstruction.		DUE TO (c) Squamous cell carcinoma of tongue	
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 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office building, etc.) May 23, 70	
20e. CITY, TOWN, OR LOCATION WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION September 18, 70	
21. I hereby declare under penalty of perjury that the deceased from on September 18, 70 , Death occurred at 9:05 a.m.		19. and last saw the deceased alive m. on the date stated above, and testify to the best of my knowledge, from the causes stated	
22a. SIGNATURE John S. Belisch		22b. ADDRESS 907 Hermann Prof. Bldg., Houston, Texas 22c. DATE SIGNED 9/18/70	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE Sept. 18, 1970 23c. NAME OF CEMETERY OR CREMATORIUM Brookside Memorial Park Crematory	
23d. LOCATION (City, town, or county) Houston		24. FUNERAL DIRECTOR'S SIGNATURE D. Belisch	
25a. REGISTRAR'S FILE NO. 08559		25b. DATE REC'D BY LOCAL REGISTRAR SEPT. 18, 1970 25c. LOCAL REGISTRAR'S SIGNATURE J. A. Allen	

STATE OF TEXAS
COUNTY OF HARRIS

I HEREBY CERTIFY THAT THE ABOVE IS A PHOTOSTATIC COPY OF A CERTIFICATE
AS FILED IN THE BUREAU OF VITAL STATISTICS, CITY HEALTH DEPARTMENT,
HOUSTON, TEXAS

ISSUED

DATE **August 2, 1971**

John S. Belisch
LOCAL REGISTRAR