STATE OF TEXAS

CERTIFICATE OF DEATH

FILE NO.

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
   a. COUNTY: Dallas
   b. CITY OR TOWN (If outside city limits, give precinct no.): Dallas
   c. LENGTH OF STAY in Item b.: 1 day
   d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address or location): Parkland Hosp
   e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☑ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
   a. STATE
   b. COUNTY
   c. CITY OR TOWN (If outside city limits, give precinct no.)
   d. STREET ADDRESS (If rural, give location)
   e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☐
   f. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): (a) First: John (b) Middle: F (c) Last: Kennedy

4. DATE OF DEATH: 22 Nov 196[illegible]

5. SEX

6. COLOR OR RACE

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Minutes

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
   PART I. DEATH WAS CAUSED BY:
   IMMEDIATE CAUSE (a): Gunshot of Head
   Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
   DUE TO (b):
   DUE TO (c):
   INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
   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 ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☑

20b. DESCRIBE HOW INJURY Ooccurred. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY: Hour, a.m. p.m., Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 22 Nov 19 63 to Same 19..... and last saw the deceased alive on ..... 19..... Death occurred at 1300 m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature illegible] M.D.

22b. ADDRESS: 5323 Harry Hines

22c. DATE SIGNED: 22 Nov 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR'S SIGNATURE

25a. REGISTRAR'S FILE NO.

25b. DATE REC'D BY LOCAL REGISTRAR

25c. REGISTRAR'S SIGNATURE

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