

CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT**

057-1-03 - 057-1-0
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. **20452**

3222 46

1. PLACE OF DEATH a. COUNTY Dallas			2. USUAL RESIDENCE (Where deceased lived. If legislation: residence before admission) a. STATE Texas b. COUNTY Dallas		
b. CITY (If outside corporate limits, write RURAL and give precinct no.) Dallas		c. LENGTH OF STAY (If this was a stay) 18 yrs	c. CITY (If outside corporate limits, write RURAL and give precinct no.) Dallas		
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkland Hospital D.O.A.			d. STREET ADDRESS (If rural, give location) 222 W. 12th		
3. NAME OF DECEASED a. (First) Jess b. (Middle) Cecil c. (Last) Acre		4. DATE OF DEATH May 29, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan. 11, 1904	9. AGE YEARS MONTHS DAYS 49 4 18	IF UNDER 24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil		10b. KIND OF BUSINESS OR INDUSTRY Independent operator		11. BIRTHPLACE (State or foreign country) Indianapolis, Ind.	
12. FATHER'S NAME Robert H. Acre		BIRTHPLACE Indiana		13. MOTHER'S MAIDEN NAME Mary Elizabeth Tomlinson	
BIRTHPLACE Indiana		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. 457 54 6801	
16. INFORMANT'S SIGNATURE <i>Normal Acre</i>			17. CAUSE OF DEATH		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANALOGY: KETONIC FETOR			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) probably mixed intoxication					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION		19. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR 5-29	
21. I hereby certify that I attended the deceased from field in house 5-29 19 53 that I last saw the deceased alive on 19 and that death occurred at 11:30 a. m. from the causes and on the date stated above.					
22a. SIGNATURE <i>W. W. Boyd</i>		22b. ADDRESS Court House		22c. DATE SIGNED 6-1-53	
22a. SIGNATURE (Name or title)		22b. ADDRESS		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-1-53		23c. NAME OF CEMETERY OR CREMATORY Laurel Land	
23d. LOCATION (City, town, or county) (State) Dallas Texas		24. FUNERAL DIRECTOR'S SIGNATURE Dudley M. Hughes Funeral Home <i>D. L. Brown</i>			
25a. REGISTRAR'S FILE NO. 2045		25b. DATE REC'D BY LOCAL REGISTRAR June 1, 1953		25c. REGISTRAR'S SIGNATURE <i>G. R. Harris</i>	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1R-4877
TR-0462

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ISSUED **AUG 29 2012**

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

