0-0-1-19 E 866048

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF TEXAS — **CERTIFICATE OF DEATH** — STATE FILE NO. 14878

1. PLACE OF DEATH
a. COUNTY: Jim Wells
b. CITY OR TOWN (If outside corporate limits, write RURAL and give precinct no.): Rural 4
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Kleberg
c. CITY OR TOWN (If outside corporate limits, write RURAL and give precinct no.): Kingsville
d. STREET ADDRESS (If rural, give location): BOQ, NAAS, Kingsville

3. NAME OF DECEASED (Type or Print): a. (First) Donald b. (Middle) Herman c. (Last) BECKER

4. DATE OF DEATH: February 2, 1953

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 2 May 1929
9. AGE: Years 23, Months 8, Days 4 (If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): New Jersey

12. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
13. MOTHER'S MAIDEN NAME: Jean Becker — BIRTHPLACE: Unknown

14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 10-2-50 to 2-2-53
15. SOCIAL SECURITY NO.: Unknown
16. INFORMANT'S SIGNATURE: ✓

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INJURIES, MULTIPLE, EXTREME — INTERVAL BETWEEN ONSET AND DEATH: 0
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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 ☐ NO ☒

20a. ACCIDENT (Specify): Aircraft
20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 4 mi. E. 2 Mi. W.
20c. (CITY, TOWN, OR PRECINCT NO.): Premont 4 (COUNTY): Jim Wells (STATE): Texas
20d. TIME OF INJURY (Month) (Day) (Year) (Hour): February 2, 1953 7:52 p
20e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20f. HOW DID INJURY OCCUR? Aircraft Accident

21. I hereby certify that I attended the deceased from ______ 19__, to ______, 19__, that I last saw the deceased alive on ______, 19__, and that death occurred at 7:52 P m., from the causes and on the date stated above.

22a. SIGNATURE: John P. Frisson (Degree or title): J.P.
22b. ADDRESS: Premont Texas
22c. DATE SIGNED: 2-3-53

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 5, 1953
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Teaneck, New Jersey
24. FUNERAL DIRECTOR'S SIGNATURE: Clifford Jackson Funeral Home By C. Jackson

25a. REGISTRAR'S FILE NO.
25b. DATE REC'D BY LOCAL REGISTRAR
25c. REGISTRAR'S SIGNATURE

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

Embalmer: Paul F. Fix Lic. No. 3473
F. Direc: C. M. Jackson Lic. No. 3609