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1. PLACE OF DEATH a. COUNTY Ector		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Ector	
b. CITY OR TOWN (If outside city limits, give precinct no.) Odessa		c. LENGTH OF STAY in 1 b. 4 years	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 2735 E. 42nd. St.		d. STREET ADDRESS (If rural, give location) 2735 E. 42nd. St.	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) (a) First DANIEL (b) Middle HENRY (c) Last TORIAN		4. DATE OF DEATH February 25, 1978	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 22, 1945
9. AGE (In years last birthday) 32		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) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Oilfield Equipment	
11. BIRTHPLACE (State or foreign country) Colorado		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas N. Torian		14. MOTHER'S MAIDEN NAME Jaunema Dugan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes Vietnam		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Hamilton Funeral Home/ family			
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 Wound in head DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) Self inflicted sitting in a car	
20c. TIME OF INJURY REC'D APR 27 1978			
20d. INJURY OCCURRED WHERE AT <input type="checkbox"/> NOT WHILE AT HOME <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, etc.) BUREAU OF VITAL STATISTICS	
20f. CITY, TOWN, OR LOCATION Odessa		COUNTY Ector STATE Texas	
21. I hereby certify that I attended the deceased from Never 19__ to 19__ and last saw the deceased alive on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James E. Harris</i> Coroner		22b. ADDRESS Courthouse Odessa, Texas	
22c. DATE SIGNED 3-13-78			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Feb. 26, 1978	
23c. NAME OF CEMETERY OR CREMATORY Monte Vista Cemetery			
23d. LOCATION (City, town, or county) Alamogordo New Mexico		24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> Easterling Funeral Home, Inc.	
25a. REGISTRAR'S FILE NO. 728		25b. DATE REC'D BY LOCAL REGISTRAR 3-1-78	
25c. REGISTRAR'S SIGNATURE <i>James E. Harris</i>			

TEXAS DEPARTMENT OF HEALTH RESOURCES - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

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Filed: March 13, 1978
Lucille Galz
COUNTY CLERK, ECTOR COUNTY, TEXAS
18/329

VS-112, REV. 1/78