

STATE OF TEXAS

## CERTIFICATE OF DEATH

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY <b>DALLAS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>TEXAS</b> b. COUNTY <b>DALLAS</b>				
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>DALLAS</b>			c. LENGTH OF STAY in 1 b. <b>13 MO</b>			c. CITY OR TOWN (If outside city limits, give precinct no.) <b>DALLAS</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>PARKLAND HOSP</b>				d. STREET ADDRESS (If rural, give location) <b>1026 N. BECKLEY</b>				
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) <b>LEE HARVEY OSWALD</b>		(a) First		(b) Middle		(c) Last		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		4. DATE OF DEATH <b>Nov. 24, 1963</b>		
8. DATE OF BIRTH <b>OCT 19 1939</b>		9. AGE (In years last birthday) <b>24</b>		10. IF UNDER 1 YEAR Months Days Hours Minutes		11. IF UNDER 24 HRS. Months Days Hours Minutes		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>PRINTING, BOOK, STREET VENDOR</b>				
11. BIRTHPLACE (State or foreign country) <b>NEW ORLEANS, LA</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13. FATHER'S NAME <b>ROBERT EDWARD LEE OSWALD</b>				14. MOTHER'S MAIDEN NAME <b>MARGERITE CLAVERIE</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES OCT 1956 - Sep 1958</b>				16. SOCIAL SECURITY NO. <b>433-54-3937</b>				
17. INFORMANT <b>John L. Oswald</b>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>SHOT IN STOMACH</b> Interval between onset and death <b>1:45</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)								
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>								
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>SHOT BY JACK ROSENSTEIN</b>				
20c. TIME OF INJURY <b>11:20 a.m. 11-24-63</b>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>DALLAS POLICE STATION</b>		20f. CITY, TOWN, OR LOCATION <b>DALLAS</b>		20g. COUNTY <b>DALLAS</b>		
20h. STATE <b>TEXAS</b>								
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ and last saw the deceased alive on _____ 19____. Death occurred at <b>1:07 P</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE				22b. ADDRESS		22c. DATE SIGNED		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>				23b. DATE <b>NOV 25, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>ROSEMARY CEMETERY</b>		
23d. LOCATION (City, town, or county) <b>FT WORTH, TEXAS</b>				24. FUNERAL DIRECTOR'S SIGNATURE <b>Lee Harvey</b> <b>2741-3775</b>				
25a. REGISTRAR'S FILE NO.				25b. DATE REC'D BY LOCAL REGISTRAR		25c. REGISTRAR'S SIGNATURE		

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, Rev. 1/58