**State of Texas**

**Certificate of Death**

1. **Place of Death**
   - a. County: DALLAS
   - b. City or Town: DALLAS
   - c. Length of Stay: 13 MO
   - d. Name of Hospital or Institution: PARKLAND HOSP

2. **Usual Residence**
   - a. State: TEXAS
   - b. County: DALLAS
   - c. City or Town: DALLAS
   - d. Street Address: 1026 W. BECKLEY

3. **Name of Deceased**
   - a. First: LEE
   - b. Middle: HARVEY
   - c. Last: OSWALD

4. **Date of Death**: NOV. 24, 1963

5. **Sex**: MALE

6. **Color or Race**: WHITE

7. **Marital Status**: Married

8. **Date of Birth**: OCT. 19, 1939

9. **Age (In Years Last Birthday)**: 24

10. **Birthplace**
    - a. State or foreign country: NEW ORLEANS, LA
    - b. Country: USA

11. **Father’s Name**: ROBERT EDWARD LEE OSWALD

12. **Mother’s Maiden Name**: MARGUERITE CLAVERIE

13. **Date of Death Certificate Issued**: OCT. 19, 1963

14. **Social Security Number**: 443-54-3937

15. **Cause of Death**
    - a. Immediate Cause: SHOT IN STOMACH

16. **Place of Injury**
    - a. Type of Work Location: DALLAS POLICE STATION

17. **Time of Injury**: 11:20 a.m., NOV. 24, 1963

18. **Injury Occurred**
    - a. Place of Injury: DALLAS, TEXAS

19. **Autopsy Performed**: YES

20. **Signature**
    - Signature: John F. Kennedy

21. **Date Signed**: NOV. 25, 1963

22. **Burial**
    - a. Cemetery or Crematory: ROSE HILL CEMETERY
    - b. Location: ENNIS, TEXAS