

WHEN IMPRESSED WITH THE SEAL OF THE CITY OF FORT WORTH,  
THIS IS CERTIFIED TO BE A TRUE COPY OF THE PERMANENT  
RECORD AS FILED IN THE BUREAU OF VITAL STATISTICS.

ISSUED MAY 20 1982

*Geraldine L. Harris*  
LOCAL REGISTRAR



STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

1. NAME OF DECEASED (Type or print) [a] First [b] Middle [c] Last <b>Hal Amandus Hedberg</b>			2. SEX <b>Male</b>	3. DATE OF DEATH <b>5-7-1982</b>		
4. RACE <b>White</b>	5a. WAS THE DECEDENT OF SPANISH ORIGIN? <b>NO</b>	5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <b>N/A</b>	6. DATE OF BIRTH <b>11-4-1897</b>	7. AGE [In years last birthday] <b>84</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HOURS Hours Minu
8a. PLACE OF DEATH — COUNTY <b>Tarrant</b>		8b. CITY OR TOWN [If outside city limits, give precinct no.] <b>Fort Worth</b>	8c. NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION <b>Medical Plaza Hospital</b>		8d. INSIDE LIMITS? <b>Yes</b>	
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED [Specify] <b>Married</b>	10. BIRTHPLACE [State or foreign country] <b>Sweden</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>NO</b>	13. SURVIVING SPOUSE [If wife, give maiden name] <b>Lee Etta Hall</b>		
14. SOCIAL SECURITY NO. <b>452-56-5391</b>		15a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired] <b>Operator</b>	15b. KIND OF BUSINESS OR INDUSTRY <b>Petroleum Association</b>			
16a. RESIDENCE — STATE <b>Texas</b>	16b. COUNTY <b>Tarrant</b>	16c. CITY OR TOWN [If outside city limits, show rural] <b>Fort Worth</b>	16d. STREET ADDRESS [If rural, give location] <b>4803 Crestline Road</b>		16e. INSIDE LIMITS? <b>Yes</b>	
17. FATHER'S NAME <b>Jacob Amandus Hedberg</b>		18. MOTHER'S MAIDEN NAME <b>Clara Maria Sostrom</b>		19. SIGNATURE OF INFORMANT <i>Lee Etta Hedberg</i>		
20. IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)]						
PART I	(a) <i>Acute cerebral hemorrhage</i>					Interval between onset and death <i>7 days</i>
Conditions, if any, which gave rise to immediate cause stating the underlying cause last	(b) <i>Vegetative endocarditis - acute &amp; mitral valves</i>					Interval between onset and death <i>unknown</i>
	(c) <i>Staphylococcus aureus</i>					Interval between onset and death <i>2 weeks</i>
PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						21. AUTOPSY?
<i>Carcinoma prostate - extensive lymphatic metastases -</i>						<b>Yes</b>
22a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. [Specify]	22b. DATE OF INJURY [Mo., Day, Yr.]	22c. HOUR OF INJURY	22d. DESCRIBE HOW INJURY OCCURRED			
22e. INJURY AT WORK [Specify yes or no]	22f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]		22g. LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
23a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title] <i>E Ross Kyger M.D.</i>			24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title]			
23b. DATE SIGNED [Mo., Day, Yr.] <i>May 17, 1982</i>			23c. HOUR OF DEATH <i>1:03 A.M.</i>		24b. DATE SIGNED [Mo., Day, Yr.]	
23d. NAME OF ATTENDING PHYSICIAN [Type or print] <i>E. Ross Kyger, Jr., M.D.</i>			24c. HOUR OF DEATH		24d. PRONOUNCED DEAD [Mo., Day, Year]	
					24e. PRONOUNCED DEAD [Hour] <b>AT</b>	
25a. BURIAL, CREMATION, REMOVAL [Specify] <b>Burial</b>		25b. DATE <b>5-10-1982</b>		25c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Memorial Park</b>		
25d. LOCATION [City, town, or county] [State] <b>Fort Worth Tarrant Texas</b>		26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Harveson and Cole</i>				
27a. REGISTRAR'S FILE NO. <b>1723</b>		27b. DATE REC'D BY LOCAL REGISTRAR <b>MAY 20 1982</b>		27c. SIGNATURE OF LOCAL REGISTRAR <i>Geraldine L. Harris</i>		

Texas Department of Health — BUREAU OF VITAL STATISTICS

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