

**CERTIFICATION OF VITAL RECORD**

**City of Waco, Texas**

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE OF TEXAS

**CERTIFICATE OF DEATH**

STATE FILE NO.

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY <b>McLennan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>McLennan</b>	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>Waco</b>		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>Mt. Carmel Center</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hillcrest Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Waco, Route 1.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Victor</b>		b. (Middle) <b>T.</b>	
c. (Last) <b>Houteff</b>		4. DATE OF DEATH <b>Feb. 5, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 2, 1885</b>
9. AGE YEARS MONTHS DAYS <b>69 11 3</b>		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President of Mt. Carmel Center</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carmel Center</b>	
11. BIRTHPLACE (State or foreign country) <b>Bulgaria</b>		12. FATHER'S NAME BIRTHPLACE <b>T. Houteff Bulgaria</b>	
13. MOTHER'S MAIDEN NAME BIRTHPLACE <b>M. Chenteff Bulgaria</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	
15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE <b>Mrs. V. T. Houteff</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20d. TIME OF INJURY (Month) (Day) (Year)	(Hour)	20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. HOW DID INJURY OCCUR?
21. I hereby certify that I attended the deceased from <b>6 Dec.</b> , 19 <b>54</b> , to <b>5 Feb</b> , 19 <b>55</b> that I last saw the deceased alive on <b>4 Feb</b> , 19 <b>55</b> , and that death occurred at <b>12:05A.m.</b> , from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <b>M. W. Colgin M.D.</b>		22b. ADDRESS <b>Waco, Texas</b>	22c. DATE SIGNED <b>5 Feb 1955</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal-Burial</b>		23b. DATE <b>Feb. 9, 1955</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Carmel Center</b>
23d. LOCATION (City, town, or county) (State) <b>McLennan County Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>F. M. Compton &amp; Son Chas. D. Roberts</b>	
25a. REGISTRAR'S FILE NO. <b>82</b>	25b. DATE REC'D BY LOCAL REGISTRAR <b>Feb 8, 1955</b>	25c. REGISTRAR'S SIGNATURE <b>Margaret Scott</b>	

152042

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

SEP 15 2003

ISSUED

*Gladys Hand*  
Gladys Hand, Registrar  
Bureau of Vital Statistics  
City of Waco, Texas

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

