

093504

New Journal Home

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

1. NAME OF DECEASED (a) First: Howard			(b) Middle: G.		(c) Last: Mascher		(d) Maiden: Johnson		2. SEX: Male	3. DATE OF DEATH: 01/22/90			
4. RACE: White		5a. WAS THE DECEDENT OF HISPANIC ORIGIN? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		5b. IF YES, SPECIFY (Mexican, Cuban, Puerto Rican, etc.): N/A		6. DATE OF BIRTH: 11/05/11		7. AGE (In years last birthday): 78		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Minutes _____			
8. SOCIAL SECURITY NUMBER: 312-05-6538			9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> N/A OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)										
9b. PLACE OF DEATH - COUNTY: Cameron			9c. CITY OR TOWN (if outside city limits, give precinct number): Harlingen			9d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION: Valley Baptist			9e. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
10. BIRTHPLACE (City and State or foreign country): Detreich, Ill.		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEDENT EVER IN US ARMED FORCES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		14. SURVIVING SPOUSE (if wife, give maiden name): Violet Johnson					
15. DECEDENT'S EDUCATION (Highest grade completed): Grades (0-12) (12) College (1-4 or 5+) _____			16a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Sheet Metal Worker				16b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal						
17a. RESIDENCE - STATE: Indiana			17b. COUNTY: Lake			17c. CITY OR TOWN, (if outside city limits, show rural) ZIP CODE: LAKE STATION							
17d. STREET ADDRESS (if rural, give location): 2320 Vanderburg											17e. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
18. FATHER'S NAME: Luther Mascher						19. MOTHER'S MAIDEN NAME: Rosena Behrns							
20a. SIGNATURE OF INFORMANT: Violet Mascher						20b. MAILING ADDRESS OF INFORMANT (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2320 Vanderburg Harlingen, Texas 78550							
21. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		22a. DATE OF INJURY (Month, Day, Year)		22b. TIME OF INJURY		22c. INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		22d. DESCRIBE HOW INJURY OCCURRED					
22e. PLACE OF INJURY (At home, farm, street, factory, office, etc.) LOCATION (Street and Number or Rural Route Number, City or Town, State)													
<p>Document is NOT OFFICIAL!</p> <p>This document is the property of the Lake County Recorder!</p> <p style="font-size: 4em; opacity: 0.5;">STOP</p>													
23a. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		23b. DATE SIGNED (Mo., Day, Yr.)		23c. HOUR OF DEATH		23d. NAME OF ATTENDING PHYSICIAN (Type or print)		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) and manner as stated.		24b. DATE SIGNED (Mo., Day, Yr.)		24c. HOUR OF DEATH	
23a. Signature and Title: Eloy Cano		23b. M. _____		23c. _____		23d. ELOY CANO 6-2 JUSTICE OF THE PEACE		24a. Signature and Title: Eloy Cano		24b. 01-29-1990		24c. 8:54 p. M.	
23a. To be completed by CERTIFYING PHYSICIAN only		23b. DATE SIGNED (Mo., Day, Yr.)		23c. HOUR OF DEATH		23d. NAME OF ATTENDING PHYSICIAN (Type or print)		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) and manner as stated.		24b. DATE SIGNED (Mo., Day, Yr.)		24c. HOUR OF DEATH	
23a. Signature and Title: Eloy Cano		23b. M. _____		23c. _____		23d. ELOY CANO 6-2 JUSTICE OF THE PEACE		24a. Signature and Title: Eloy Cano		24b. 01-29-1990		24c. 8:54 p. M.	
25. MAILING ADDRESS OF CERTIFIER (Type or Print): 608 E. HARRISON ST HARLINGEN, TEXAS 78550													
26a. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				26b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Calvary Cemetery									
26c. LOCATION - City or Town, State: Portage, Indiana				26d. DATE OF DISPOSITION: 01/25/90				26e. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: John Pitts 8725					
26f. NAME AND ADDRESS OF FUNERAL HOME: Pitts-Kreidler-Ashcraft F.H. 1002 E. Harrison Harlingen, Texas 78550													
27a. REGISTRAR'S FILE NO.: 105			27b. DATE REC'D BY LOCAL REGISTRAR: January 30, 1990			27c. SIGNATURE OF LOCAL REGISTRAR: Belia Zavala							

Texas Department of Health - Bureau of Vital Statistics

VS-112 REV. 4/89 Key # 19-44-3

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		FILED		Approximate Interval Between Onset and Death	
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. FULL CARDIO-PULMONARY ARREST		DUETO (OR AS A LIKELY CONSEQUENCE OF)		APR 01 1990
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		b. DUE TO (OR AS A LIKELY CONSEQUENCE OF)		
			c. DUE TO (OR AS A LIKELY CONSEQUENCE OF):		
			d. DUE TO (OR AS A LIKELY CONSEQUENCE OF):		
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				30a. WAS AN AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
29a. Was decedent pregnant at time of death? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>		29b. Was decedent pregnant during the last 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>		30b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

I HEREBY CERTIFY this to be a true and correct copy of the original death record of HOWARD G. MASCHER as filed in the Bureau of Vital Statistics of the City of Harlingen, Texas.

Issued: 1/30/90

Belia Zavala
City Registrar

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