

CERTIFICATION OF VITAL RECORD

City of Baytown, Texas

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NO.

1. NAME OF DECEASED (Type or print) <b>Fredrick August Weston</b>	2. SEX <b>Male</b>	3. DATE OF BIRTH <b>12/22/1986</b>
4. RACE <b>Caucasian</b>	5. DATE OF DEATH <b>12/22/1986</b>	6. TIME OF DEATH <b>3:30 PM</b>
7. PLACE OF DEATH - County <b>Harris</b>	8. CITY OR TOWN (If outside city limits, give street and no.) <b>Baytown</b>	9. NAME OF HOSPITAL, PHYSICIAN, OR OTHER PLACE OF DEATH <b>Harris Hospital</b>
10. MARITAL STATUS (Print or type) <b>Married</b>	11. PLACE OF BIRTH (Country) <b>Indiana</b>	12. CITY OR TOWN OF BIRTH (Country) <b>USA</b>
13. SOCIAL SECURITY NO. <b>315/28/8751</b>	14. USUAL OCCUPATION (State of work done during most of preceding year, give if seasonal) <b>Accountant</b>	15. NAME OF EMPLOYER (If not a U.S. Armed Forces person) <b>Accountant</b>
16. RESIDENCE - STATE <b>Texas</b>	17. COUNTY <b>Harris</b>	18. CITY OR TOWN (If outside city limits, give street and no.) <b>Baytown</b>
19. DECEASED'S NAME <b>Charles W. Weston</b>	20. MOTHER'S MAIDEN NAME <b>Eva L. Dalry</b>	21. NAME OF SPOUSE <b>Mary Weston, wife</b>
22. CAUSE OF DEATH (Give only one cause per line for (a) and (b). If more than one cause, list them in order of importance.) <b>Adenocarcinoma of lung</b>		
23. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a) or (b). <b>None</b>		
24. SEX OF DECEASED <b>Male</b>	25. DATE OF DEATH <b>12/22/1986</b>	26. HOUR OF DEATH <b>3:30 PM</b>
27. PLACE OF DEATH <b>Baytown</b>	28. LOCATION - STREET OR R.F.D. NO. <b>301 Tri City Beach Rd. #157</b>	29. CITY OR TOWN <b>Baytown</b>
30. DATE OF DEATH <b>12/22/1986</b>	31. NAME OF DECEASED <b>Charles W. Weston</b>	32. NAME OF REGISTRAR <b>Eileen P. Hall</b>
33. MARRIAGE LICENSE NO. <b>00465</b>	34. DATE ISSUED BY LOCAL REGISTRAR <b>12/22/1986</b>	35. SIGNATURE OF REGISTRAR <b>Eileen P. Hall</b>

2000 006292

2000 JAN 28 AM 11:01

FILED FOR RECORD

MORRIS W. CARTER  
RECORDER



# 50-147-4

James O. Patton Sr.  
2828 Wyoming  
Lake Station, Ind

**FILED**

Jan 28, 2000

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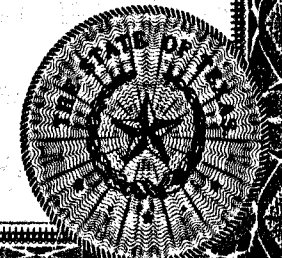
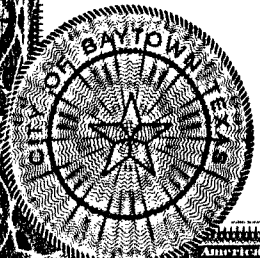
PETER BENJAMIN  
LAKE COUNTY AUDITOR

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.

*Eileen P. Hall*  
Eileen P. Hall  
Local Registrar

DATE ISSUED JAN 21 2000

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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