

CERTIFICATE OF VITAL RECORD

STATE OF TEXAS
SAN ANTONIO METROPOLITAN HEALTH DISTRICT

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST Virginia		(b) MIDDLE Buda		(c) LAST Ruddy		(d) MAIDEN Female	2. SEX Female	3. DATE OF DEATH Dec. 21, 2001
4. DATE OF BIRTH Sept. 21, 1918		5. AGE (IN YEARS) 83		IF UNDER 1 YR MO DAYS	IF UNDER 1 DAY HOURS MIN	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Minnesota		7. SOCIAL SECURITY NO 315-09-1885
8. RACE White		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 16
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Joseph Buda			14a. DECEDENT'S USUAL OCCUPATION Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE STREET ADDRESS 8540 Parkview						15b. CITY OR TOWN Munster		
15c. COUNTY Lake		15d. STATE Indiana		15e. ZIP CODE 46321		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
16. FATHER'S NAME Joseph Ruddy				17. MOTHER'S MAIDEN NAME Edith Evans				
18. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> EP/OUTPATIENT <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)								
19. COUNTY OF DEATH Bexar			20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) San Antonio			21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) Northeast Baptist Hospital		
22. INFORMANT - SIGNATURE & RELATIONSHIP Joseph Buda Husband				23. MAILING ADDRESS OF INFORMANT 8540 Parkview, Munster, Indiana 46321				
24. 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)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Elmwood Cemetery 26. LOCATION (CITY, STATE) Hammond, Indiana		25b. Section 13		29. NAME & ADDRESS OF FUNERAL HOME Burns-Kish F.H. 8415 Calumet Munster, Indiana 46321		
27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i>		28. DATE OF DISPOSITION 12/28/2001						
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE								
31. SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i>				32. DATE SIGNED MO DAY YEAR 12 26 2001		33. TIME OF DEATH 1818 M		
34. PRINTED NAME & ADDRESS OF CERTIFIER Michael E. Luzano M.D. 15038 STONETOWER DRIVE SA., TX 78245								
35. PART 1 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Perforated Ulcer DUE TO (OR AS A LIKELY CONSEQUENCE OF)		36. AUTOPSY? a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						Approximate Interval Between Onset and Death Days
CAUSE OF DEATH Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (i.e., substance abuse, diabetes, smoking, etc.) None						JUN 26 2007
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		39. WAS DECEDENT ARMED AT TIME OF DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M		41c. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC (SPECIFY)
42a. REGISTRAR FILE NO 02 11297		42b. DATE RECEIVED BY LOCAL REGISTRAR JAN 08 2002		42c. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>				

BURIAL/TRANSIT PERMIT NO 362-2001
Texas Department of Health - Bureau of Vital Statistics
WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 196B)
VS-1112 REV. 9/99

REGION TITLE RT 0705086
7609-50 18-28-405-1

2007 052597

0975836

008378

CERTIFIED COPY
THIS IS A CERTIFIED TRUE AND EXACT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

DATE ISSUED: JAN 07 2002

[Signature]
FERNANDO Q. FLORES
Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

