

CERTIFICATE OF VITAL RECORD

JANUARY IN METROPOLITAN HEALTH DISTRICT
 1905 Forest Ave
 Dallas, TX 75204
 Reg # 45 08 18-227 213-00-001

STATE OF TEXAS		CERTIFICATE OF DEATH	STATE FILE NUMBER
1 LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		(Maiden)	
JEAN G. KWASNESKI		KWASNESKI	
2 DATE OF DEATH - ACTUAL OR PRESUMED		08/19/2008	
3 SEX	4 DATE OF BIRTH	5 AGE-Last Birthday (Years)	6 BIRTHPLACE (City & State or Foreign Country)
FEMALE	08/01/1915	93	NORWICH, CT
7 SOCIAL SECURITY NUMBER	8 MARITAL STATUS AT TIME OF DEATH		9 SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
043-01-1592	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
10a RESIDENCE STREET ADDRESS		10b APT. NO.	10c CITY OR TOWN
13431 BLANCO RD.			SAN ANTONIO
10d COUNTY	10e STATE	10f ZIP CODE	10g INSIDE CITY LIMITS?
BEXAR	TEXAS	78216	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11 FATHER'S NAME		12 MOTHER'S NAME PRIOR TO FIRST MARRIAGE	
FRANK ADOLPH KWASNESKI		MARIANN SMUGARZEWSKI	
13 PLACE OF DEATH (CHECK ONLY ONE)			
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14 COUNTY OF DEATH	15 CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)	16 FACILITY NAME (If not institution, give street address)	
BEXAR	SAN ANTONIO, 78228	ODYSSEY HEALTH CARE	
17 INFORMANT'S NAME & RELATIONSHIP TO DECEASED		18 MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)	
FRANK KING - NEPHEW		21514 PROMONTORY CIRCLE, SAN ANTONIO, TX 78258	
19 METHOD OF DISPOSITION		20 SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		DANIEL G GONZALEZ, BY ELECTRONIC SIGNATURE - 11969	
21 Section		<input checked="" type="checkbox"/> Unknown	
22 PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23 LOCATION (City/Town, and State)	
SAN FERNANDO CREMATORY 3		SAN ANTONIO, TX	
24 NAME OF FUNERAL FACILITY		25 COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
PORTER LORING MORTUARY NORTH		2102 NORTH LOOP 1604 EAST, SAN ANTONIO, TX 78232	
26 CERTIFIER (Check only one)		27 DATE CERTIFIED (Mo/Day/Yr)	
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace-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 stated.		29 LICENSE NUMBER	
ANTONIO RUIZ, BY ELECTRONIC SIGNATURE		F0655	
31 PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		30 TIME OF DEATH (Actual or presumed)	
ANTONIO RUIZ 4415 PIEDRAS DR. W. #100, SAN ANTONIO, TX 78228		20:50	
32 TITLE OF CERTIFIER		MD	
33 PART 1 ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
a. END STAGE VASCULAR DEMENTIA			
Due to (or as a consequence of):			
b. Due to (or as a consequence of):			
c. Due to (or as a consequence of):			
d. Due to (or as a consequence of):			
34 PART 2 ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1			
DIABETES MELLITUS TYPE 2, HYPERTENSION, CONGESTIVE HEART FAILURE			
35 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36 MANNER OF DEATH		38 IF TRANSPORTATION INJURY, SPECIFY:	
<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		<input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
37 DID TOBACCO USE CONTRIBUTE TO DEATH?		39 IF FEMALE:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
40a DATE OF INJURY (Mo/Day/Yr)	40b TIME OF INJURY	40c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40d PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
40e LOCATION (Street and Number, City, State, Zip Code)		40f COUNTY OF INJURY	
41 DESCRIBE HOW INJURY OCCURRED			
42a REGISTRAR FILE NO	42b DATE RECEIVED BY LOCAL REGISTRAR	42c REGISTRAR	
0207529	08/21/2008	REGISTRAR - SAN ANTONIO METRO HD, ELECTRONICALLY FILED	
EDR NUMBER 000000440712			

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
 can be 2-10 years in prison and a fine up to \$10,000 (Health and Safety Code, Sec. 19A.199)

2008 075463
 2008-1-110149



1100 CASH PB

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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.

Issued: **SEP 10 2008**

Samuel V. Torres
 Samuel V. Torres
 Local Registrar

