

			4(B) H East	Chicago,	JU 46312
STATE OF TEXAS	CER') (Include AKA's, if any) (First, Middle, Las	TIFICATE OF DEATH	ST/	TE FILE NUMBER	R ACTUAL OR PRESUMED
JOSE ROGELIO GOME				0:	5/10/2009
	12/30/1930 (Years) 78	MO DAY		LAREDO, TX	State or Foreign Country)
460-48-2389	D Midward D Fin	T TIME OF DEATH Married Groed Never Married Unknown	9. SURVIVING SPOUS ANA MARIA PIN	SE'S NAME (If Wife, give nai	ne pacr to first marnage)
0a. RESIDENCE STREET ADDR	RESS			Oc. CITY OR TOWN	9
20 CORPUS CHRISTI	1Ge STATE	10	Of ZIP CODE	AREDO 10g INSIDE CITY LI	MITS
VEBB I. FATHER'S NAME	TEXAS	7 12. MOTHER'S NAME PRIO	8040 R TO FIRST MARRIAGE	⊠ Yes □	
SUSTAVO GOMEZICA	STANEDA	TOMASA PAEZ			S
DEATH OCCURRED IN A HOSI	, OEM 10000	13. PLACE OF DEATH (CHECK ONL' RRED SOMEWHERE OTHER THAN A HO	SPITAL:		
Inpatient ER/Outpatient L COUNTY OF DEATH	DOA Hospice Fac			Other (Specify) TY NAME (If not institution, g	ive street address)
VEBB : INFORMANT'S NAME & RELA	LAREDO, 7804	18. MAILING ADDRESS OF INFOR	LAREDO	O SPECIALTY HOS	PITAL
NA MARIA PINA MORA		720 CORPUS CHRISTI, L			
9. METHOD OF DISPOSITION Burial Cremation		SIGNATURE AND LICENSE NUMBER OF			Unknown
Entombment 🖾 Removal	FF	RED DICKEY III , BY ELECTR	ONIC SIGNATURE	Block =	S 1
PLACE OF DISPOSITION (Name of the property of	me of Cemetery, crematory, other place)	23. LOCATION (City/Town, NUEVO LAREDO, M.)	and State)	Lot	
NAME OF FUNERAL FACILITY ETO-DICKEY FUNERAL	the La	25. COMPLETE ADDRESS O	F FUNERAL FACILITY (S		. Zip Code)
CERTIFIER (Check only one)		802 COKE STREET,	LAREDO, TX 780-	安美	0 - 3
] Certifying physician-To the best of Medical Examiner/Justice of the F SKNATURE OF CERTIFIER I	of my knowledge, death occurred due to the of Peace - On the basis of examination, and/or it	cause(s) and manner stated. investigation, in my opinion, death occurred at the 28. DATE CERTIFIED (Mo/Da	ne time date and place, and d	ue to the cause(s) and manne	
11 13/11	My	5/11/09	19/11) 29 LICENSE N		EATH(Actual or presumed) A . M .
PRINTED NAME, ADDRESS OF Dr. Armando H	F CERTIFIER (Street and Number, City, Sino) osa, 1515 Papi	State Zip Code) pas, Laredo, Texas		32. TITLE O	OF CERTIFIER
	AIN OF EVENTS - DISEASES, INJURIE	S. OR COMPLICATIONS - THAT DIRECTL	Y CAUSED THE DEATH.	DONOT ENTER	Approximate interval
LINGEON BONOT ABBITE	VIATE. ENTER ONLY ONE CAUSE ON E	RREST, OR VENTRICULAR FIBRILLATION EACH LINE	N WITHOUT SHOWING T	HE	Onset to death
IMMEDIATE CAUSE (Final disease or condition> resulting in death)	a Kespra	O (or as a consequence of):			minutes
Sequentially list conditions, if any, leading to the cause	· Aspira	ton Preumo	nia		Ogas
listed on line a. Enter the UNDERLYING CAUSE	\d	o (or as a consequence of):	· / /		
(disease or injury that clinitrated, the events resulting in death) LAST	CO TO POLO	o for as a consequence of).	a sease		years
	d.	DEATH BUT NOT RESULTING IN THE U			
USE GIVEN IN PART I.	ZANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RESULTING IN THE (JNDERLYING 34. V	VAS AN AUTOPSY PERFO	RMED?
35. CO				ÆRE AUTOPSY FINDINGS AVAILABLE TO PLETE THE CAUSE OF DEATH?	
Natural	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:			ON INJURY, SPECIFY:
Accident Suicide	☐ Yes ☑ No	☐ Not pregnant within past year ☐ Pregnant at time of death		☐ Driver/Operator ☐ Passenger ☐ Pedestrian	
Homicide Pending Investigation	☐ Probably ☐ Unknown	Not pregnant, but pregnant within 4 Not pregnant, but pregnant 43 days	s to one year before death	Other (Specify)	
Could not be determined	100.114001()	Unknown if pregnant within the pas AT WORK? 40d. PLACE OF INJURY (e.g.,		uction site, restaurant, wood	ed area)
DATE OF INJURY (Mo/Day/Yr)	☐ Yes	□ No			
DATE OF INJURY (Mo/Day/Yr) LOCATION (Street and Number			· · · · · · · · · · · · · · · · · · ·	401. COUNTY OF INJURY	t!
	, City,State,Zip Code)			401. COUNTY OF INJURY	4

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DATE ISSUED

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