

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

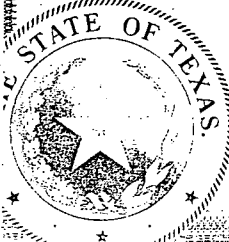
DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
OCT 08 2012
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-12-127047

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) DORIS MARY BRUMBAUGH			(Maiden) WASON			2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) SEPTEMBER 20, 2012								
3. SEX FEMALE		4. DATE OF BIRTH (mm-dd-yyyy) AUGUST 5, 1922		5. AGE - Last Birthday (Years) 90		IF UNDER 1 YR Mo Days Hours Min		IF UNDER 1 DAY Hours Min		6. BIRTHPLACE (City & State or Foreign Country) -LOWELL, IN				
7. SOCIAL SECURITY NUMBER [REDACTED]			8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)								
10a. RESIDENCE STREET ADDRESS 311 W. NOTTINGHAM						10b. APT. NO. 244		10c. CITY OR TOWN SAN ANTONIO						
10d. COUNTY BEXAR						10e. STATE TEXAS		10f. ZIP CODE 78209		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
11. FATHER'S NAME HENRY BOYD WASON						12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE ETHEL MARY MATHAS								
13. PLACE OF DEATH (CHECK ONLY ONE) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)						14. COUNTY OF DEATH BEXAR								
15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) SAN ANTONIO, 78217						16. FACILITY NAME (If not institution, give street address) NORTHEAST BAPTIST HOSPITAL								
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED DAVID JOHN BRUMBAUGH - SON						18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 7306 MYSTERY RIDGE, CONVERSE, TX 78109								
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EPHRAIM SAENZ, BY ELECTRONIC SIGNATURE - 10040			21. <input checked="" type="checkbox"/> Unknown								
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) UT HEALTH SCIENCE CENTER						23. LOCATION (City/Town, and State) SAN ANTONIO, TX								
24. NAME OF FUNERAL FACILITY OLINGER-SAENZ MORTUARY SERVICE						25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 6614 S FLORES STREET, SAN ANTONIO, TX 78214-2630								
26. CERTIFIER (Check only one) <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.						27. SIGNATURE OF CERTIFIER CARLOS ROLDAN, BY ELECTRONIC SIGNATURE			28. DATE CERTIFIED (mm-dd-yyyy) SEPTEMBER 21, 2012		29. LICENSE NUMBER K6273		30. TIME OF DEATH (Actual or presumed) 23:00	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) CARLOS ROLDAN 4440 PIEDRAS DRIVE S #125, SAN ANTONIO, TX 78228						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.						Approximate interval Onset to death								
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. SPECTIC SHOCK Due to (or as a consequence of):						UNKNOWN								
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST														
b. _____ Due to (or as a consequence of):														
c. _____ Due to (or as a consequence of):														
d. _____ Due to (or as a consequence of):														
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.						34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No														
36. 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			37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown			38. IF FEMALE: <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			39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, work, and area)								
40e. LOCATION (Street and Number, City, State, Zip Code)						40f. COUNTY OF INJURY								
41. DESCRIBE HOW INJURY OCCURRED														
42a. REGISTRAR FILE NO. 0209710			42b. DATE RECEIVED BY LOCAL REGISTRAR OCTOBER 8, 2012			42c. REGISTRAR REGISTRAR - SAN ANTONIO METRO HD, ELECTRONICALLY FILED								

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. Health and Safety Code, Sec. 195.1989
VS-112 REV 1/2006

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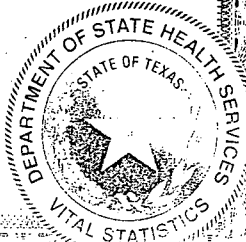


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ISSUED OCT 09 2012

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

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