

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

JUL 12 2016
STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-16-097504

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				(Maiden)		2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy)	
RICHARD HENRY JR						JUNE 29, 2016	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)				
MALE	FEBRUARY 3, 1928	88	NEW ROCHELLE, NY				
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
070-20-3897		<input 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		
1005 IRA E. WOODS ROAD					GRAPEVINE		
10d. COUNTY		10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?			
TARRANT		TEXAS	76051	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE			
RICHARD HENRY SR				ELSIE SCHEU			
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 type="checkbox"/> Hospice Facility <input checked="" 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)			
TARRANT		GRAPEVINE, 76051		KINDRED HOSP. TRANSITIONAL CARE & REHAB. GRAPEVINE			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
RICHARD HENRY III - SON				2310 HARBOR LANDING CIRCLE, ANCHORAGE, AK 99515			
19. METHOD OF DISPOSITION				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. <input checked="" type="checkbox"/> Unknown	
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)				STEVE MARTIN, BY ELECTRONIC SIGNATURE - 9511		Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)				23. LOCATION (City/Town, and State)			
PAWLING CEMETERY				PAWLING, NY			
24. NAME OF FUNERAL FACILITY				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
STONE MORTUARY SERVICES For: PAWLING CEMETERY				1317 N. MADISON AVE, DALLAS, TX 75203			
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				28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
MUNAWAR HAIDER, BY ELECTRONIC SIGNATURE				JULY 5, 2016	L3325	18:00	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)						32. TITLE OF CERTIFIER	
MUNAWAR HAIDER 1305 AIRPORT FREEWAY, SUITE 220, BEDFORD, TX 76021						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. ASPIRATION PNEUMONIA Due to (or as a consequence of):							
b. RENAL FAILURE Due to (or as a consequence of):							
c. DEMENTIA Due to (or as a consequence of):							
d. _____ Due to (or as a consequence of):							
Approximate interval Onset to death							
UNDETERMINED							
UNDETERMINED							
UNDETERMINED							
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.							
UNDETERMINED							
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		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:		39. 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input 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		<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, 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			
15-302		JULY 12, 2016		REGISTRAR - CITY OF GRAPEVINE, ELECTRONICALLY FILED			
EDR NUMBER 000001927006							

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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. 195.198)

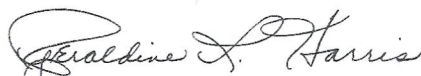
VS-112 REV 1/2006

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ISSUED JUL 12 2016

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND


 GERALDINE R. HARRIS
 STATE REGISTRAR

LHA

