

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

10 years in prison and

| | | | | | | | |
|--|--|---|--|---|---|---|--|
| 1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last) | | | | (Maiden) | | 2. DATE OF DEATH - ACTUAL OR PRESUMED | |
| 3. SEX | | 4. DATE OF BIRTH | | 5. AGE-Last Birthday (Years) | | 6. BIRTHPLACE (City & State or Foreign Country) | |
| | | | | IF UNDER 1 YR MO DAYS | | IF UNDER 1 DAY HOURS MIN | |
| 7. SOCIAL SECURITY NUMBER | | | 8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | | 9. SURVIVING SPOUSE (If wife, give name prior to first marriage) | |
| 10a. RESIDENCE STREET ADDRESS | | | | | 10b. APT NO | | 10c. CITY OR TOWN |
| 10d. COUNTY | | | 10e. STATE | | 10f. ZIP CODE | | 10g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. FATHER'S NAME | | | | 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE | | | |
| 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 | | | | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <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 | | 15. CITY/TOWN, ZIP (If outside city limits, give precinct no) | | | 16. FACILITY NAME (If not institution, give street address) | | |
| 17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED | | | | 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) | | | |
| 19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input 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 | | | 21. Section _____ Block _____ Lot _____ Space _____ <input type="checkbox"/> Unknown | |
| 22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) | | | 23. LOCATION (City/Town, and State) | | | | |
| 24. NAME OF FUNERAL FACILITY | | | | 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) | | | |
| 26. CERTIFIER (Check only one): <input 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 (Mo/Day/Yr) | | 29. LICENSE NUMBER | 30. TIME OF DEATH (Actual or presumed) |
| 31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) | | | | | | 32. TITLE OF CERTIFIER | |
| 43. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) | | | 44. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish, Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ | | | 45. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ | |
| 46. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | 47. EVER A PEACE OFFICER IN THIS STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | 48. TYPE OF BUSINESS/INDUSTRY | |
| 48. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED) | | | | | | 49. TYPE OF BUSINESS/INDUSTRY | |