

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

24669 #24669

1. PLACE OF BIRTH
STATE OF TEXAS

COUNTY OF McLennan

CITY OR PRECINCT NO. Burseville, Texas

2. FULL NAME OF CHILD Charles Wayne Mirick

3. SEX Male

4. TWIN, TRIPLET, OTHER

5. NUMBER, IN ORDER OF BIRTH

6. LEGITIMATE? yes

7. DATE OF BIRTH November 20, 1952

8. FULL NAME FATHER Ricci Arthur Mirick

9. RESIDENCE AT TIME OF THIS BIRTH Burseville, Texas

10. COLOR OR RACE White

11. AGE AT TIME OF THIS BIRTH 38 YEARS

12. BIRTHPLACE (STATE OR COUNTRY) Texas

13A. TRADE, PROFESSION OR KIND OF WORK DONE Farmer

13B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Farmwork

20. NUMBER OF CHILDREN BORN TO THIS MOTHER, INCLUDING THIS BIRTH 8

14. FULL MAIDEN NAME MOTHER Sarah Lee Smith

15. RESIDENCE AT TIME OF THIS BIRTH Burseville, Texas

16. COLOR OR RACE White

17. AGE AT TIME OF THIS BIRTH 34 YEARS

18. BIRTHPLACE (STATE OR COUNTRY) Texas

19A. TRADE, PROFESSION OR KIND OF WORK DONE Housewife

19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Housework

21. NUMBER OF CHILDREN BORN TO THIS MOTHER, AND NOW LIVING 8

I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT 10 P M. ON THE DATE STATED ABOVE.

22. SIGNATURE R.A. Mirick ADDRESS 1704 Webster St. Mico

AFFIDAVIT A

STATE OF TEXAS
COUNTY OF McLennan

BEFORE ME ON THIS DAY APPEARED R.A. Mirick KNOWN TO ME TO BE THE PERSON WHO SIGNED THE CERTIFICATE ATTACHED HERETO, WHO ON OATH DEPOSES AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE OF Charles Wayne Mirick ARE TRUE AND CORRECT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, AND THAT HE WAS ACQUAINTED WITH THE FACTS AT THE TIME OF THE EVENT.

SIGNED: R.A. Mirick

SWORN TO AND SUBSCRIBED BEFORE ME, THIS 11 DAY OF October, 1952

[SEAL] NOTARY PUBLIC IN AND FOR McLennan COUNTY, TEXAS.

AFFIDAVIT B

STATE OF TEXAS
COUNTY OF McLennan

BEFORE ME ON THIS DAY APPEARED J. P. Stauffer KNOWN TO ME TO BE THE PERSON WHO SIGNED THIS AFFIDAVIT, WHO ON OATH DEPOSES AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE OF Charles Wayne Mirick ARE TRUE AND CORRECT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, AND THAT HE IS ACQUAINTED WITH THE FACTS AND THAT HE IS NOT RELATED TO THE INDIVIDUAL BY BLOOD OR MARRIAGE.

SIGNED: J. P. Stauffer

SWORN TO AND SUBSCRIBED BEFORE ME, THIS 11 DAY OF October, 1952

[SEAL] NOTARY PUBLIC IN AND FOR McLennan COUNTY, TEXAS.

STATE OF TEXAS
COUNTY OF McLennan

THE BIRTH CERTIFICATE OF Charles Wayne Mirick ATTACHED HERETO, WAS SUBMITTED TO THIS COURT, AS PROVIDED FOR IN H. B. No. 614, 46TH LEG. R. S. 1939. IT IS THE ORDER OF THIS COURT THAT THIS RECORD BE ACCEPTED BY THE STATE REGISTRAR FOR FILING IN THE STATE BUREAU OF VITAL STATISTICS.

SIGNED: Mattie Walker CO. JUDGE

DATE Dec. 19, 1950 OF McLennan COUNTY

THIS CERTIFICATE MUST BE PREPARED AND APPROVED AS REQUIRED BY THE LAW PRINTED ON THE REVERSE SIDE

I, J. A. "ANDY" HARWELL, CLERK, of the County Court of McLennan County, Texas do hereby certify that this is a true and correct copy of the original certificate on file and of record.

GIVEN UNDER MY HAND AND SEAL of said office, this the 18 day of August, A.D. 1951.

J. A. "ANDY" HARWELL, CLERK
County Court, McLennan County, Texas
By Carolynn Hunt Deputy
Carolynn Hunt

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

THIS DOCUMENT HAS A COLORED BACKGROUND, MICRO PRINTING, VOID PANTO AND AN ARTIFICIAL WATERMARK ON BACK.



STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

MAY 01 2017

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER **142-17-062698**

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) CHARLES WAYNE MIRICK SR			(Maiden)			2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) APRIL 21, 2017		
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) NOVEMBER 20, 1932	5. AGE - Last Birthday (Years) 84	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country) BRUCEVILLE, TX			
7. SOCIAL SECURITY NUMBER 464-42-4498		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 6806 TRAILCREST DRIVE			10b. APT. NO.	10c. CITY OR TOWN DALLAS				
10d. COUNTY DALLAS	10e. STATE TEXAS	10f. ZIP CODE 75232	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE RURIE AURTHUR MIRICK			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE SARAH SMITH					
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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
14. COUNTY OF DEATH DALLAS		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) DALLAS, 75232		16. FACILITY NAME (If not institution, give street address) 6806 TRAILCREST DRIVE				
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED BELINDA MAHONE - DAUGHTER			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 155 HUNTER GLEN, WAXAHACHIE, TX 75167					
19. METHOD OF DISPOSITION <input checked="" 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 VERONICA WELLING, BY ELECTRONIC SIGNATURE - 117222			21. <input type="checkbox"/> Unknown Section <u>52</u> Block _____ Lot <u>54</u> Space <u>11</u>		
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) LAUREL LAND MEMORIAL PARK			23. LOCATION (City/Town, and State) DALLAS, TX					
24. NAME OF FUNERAL FACILITY LAUREL LAND FUNERAL HOME			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 6000 S.R.L. THORNTON FREEWAY, DALLAS, TX 75232					
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 JEFFREY ASTBURY, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) APRIL 28, 2017	29. LICENSE NUMBER J3967	30. TIME OF DEATH (Actual or presumed) 12:53 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) JEFFREY ASTBURY 1441 S. MIDLOTHIAN PKWY SUITE 100, MIDLOTHIAN, TX 76065			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. LUNG CANCER, METASTATIC						3 YEARS		
Due to (or as a consequence of):								
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. _____								
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. BONE METASTASES			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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <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		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, wooded area)				
40e. LOCATION (Street and Number, City, State, Zip Code)			40f. COUNTY OF INJURY					
41. DESCRIBE HOW INJURY OCCURRED								
42a. REGISTRAR FILE NO. 0203560		42b. DATE RECEIVED BY LOCAL REGISTRAR MAY 1, 2017		42c. REGISTRAR REGISTRAR - CITY OF DALLAS, ELECTRONICALLY FILED				
EDR NUMBER 00002090553								

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)

WARNING

QA10712262

VS-112 REV 1/2006

JLF

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED MAY 02 2017

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

Tara Das
TARA DAS
STATE REGISTRAR



