

CERTIFICATION OF VITAL RECORD

**CITY OF DALLAS, TEXAS
VITAL STATISTICS DIVISION**

STATE OF TEXAS		CERTIFICATE OF DEATH	STATE FILE NUMBER
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) GUYNETTA MIRICK		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) JUNE 7, 2012	
3. SEX FEMALE	4. DATE OF BIRTH (mm-dd-yyyy) JULY 2, 1933	5. AGE-Last Birthday (Years) 78	6. BIRTHPLACE (City & State or Foreign Country) WACO, TX
7. SOCIAL SECURITY NUMBER 467-52-3533		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input 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) C.W. MIRICK
11a. RESIDENCE STREET ADDRESS 6806 TRAILCREST DRIVE		10b. APT. NO.	10c. CITY OR TOWN DALLAS
11b. COUNTY DALLAS		10e. STATE TEXAS	10f. ZIP CODE 75232
11. FATHER'S NAME ELI JIM WEBB		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE VIRGIE CARTER	
13. PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <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 CHUCK MIRICK - SPOUSE		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 6806 TRAILCREST DRIVE, DALLAS, TX 75232	
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 TERRY EDGAR, BY ELECTRONIC SIGNATURE - 112283	
21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) LAUREL LAND MEMORIAL PARK		22. LOCATION (City/Town, and State) DALLAS, TX	
23. NAME OF FUNERAL FACILITY LAUREL LAND FUNERAL HOME		24. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 6000 S.R.L. THORNTON FREEWAY, DALLAS, TX 75232	
25. 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.		26. DATE CERTIFIED (mm-dd-yyyy) JUNE 8, 2012	
27. SIGNATURE OF CERTIFIER NARENDRAKUMAR PATEL, BY ELECTRONIC SIGNATURE		28. LICENSE NUMBER G0507	29. TIME OF DEATH (Actual or presumed) 08:25 PM
30. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) NARENDRAKUMAR PATEL 1500 WATERS RIDGE DRIVE, LEWISVILLE, TX 75057		31. TITLE OF CERTIFIER MD	
32. 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.		33. APPROXIMATE INTERVAL ONSET TO DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ADENOCARCINOMA OF LUNG 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 d. CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due to (or as a consequence of):			
34. PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. URINARY TRACT INFECTION		35. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" 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 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, wooded area)
40e. LOCATION (Street and Number, City, State, Zip Code)		40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO. C204297		42b. DATE RECEIVED BY LOCAL REGISTRAR JUNE 11, 2012	
42c. REGISTRAR REGISTRAR - CITY OF DALLAS, ELECTRONICALLY FILED		42d. REGISTRAR	

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. 195.198b)
 CAUSE OF DEATH
 VS-112 REV 1/2006

SF1789961

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

ISSUED **AUG 24 2012**

Renee Clay

S. Renee Clay, Registrar
Bureau of Vital Statistics
City of Dallas, Texas

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