

**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**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)<br><b>CHARLES WAYNE MIRICK SR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                           |                                                                                                                                                                                             | (Maiden)                                                        |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             | 2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)<br><b>APRIL 21, 2017</b>                                                                  |                                                                                                                                                                                                                                                                                                                                                                            |  |
| 3. SEX<br><b>MALE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4. DATE OF BIRTH (mm-dd-yyyy)<br><b>NOVEMBER 20, 1932</b> | 5. AGE - Last Birthday (Years)<br><b>84</b>                                                                                                                                                 | IF UNDER 1 YR<br>Mo Days                                        | IF UNDER 1 DAY<br>Hours Min                                                                                                                                                                                                                                                                                                                                                                                  | 6. BIRTHPLACE (City & State or Foreign Country)<br><b>BRUCEVILLE, TX</b>                                                                                                                    |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |  |
| 7. SOCIAL SECURITY NUMBER<br><b>464-42-4498</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                           | 8. MARITAL STATUS AT TIME OF DEATH<br><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<br><b>6806 TRAILCREST DRIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                                                                                                                                                                                             |                                                                 | 10b. APT. NO.                                                                                                                                                                                                                                                                                                                                                                                                | 10c. CITY OR TOWN<br><b>DALLAS</b>                                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |  |
| 10d. COUNTY<br><b>DALLAS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           | 10e. STATE<br><b>TEXAS</b>                                                                                                                                                                  |                                                                 | 10f. ZIP CODE<br><b>75232</b>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                             | 10g. INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |                                                                                                                                                                                                                                                                                                                                                                            |  |
| 11. FATHER'S NAME PRIOR TO FIRST MARRIAGE<br><b>RURIE AURTHUR MIRICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                                                                                                             | 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE<br><b>SARAH SMITH</b> |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |  |
| 13. PLACE OF DEATH (CHECK ONLY ONE)<br>IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)<br>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<br><b>DALLAS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           | 15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)<br><b>DALLAS, 75232</b>                                                                                                       |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              | 16. FACILITY NAME (If not institution, give street address)<br><b>6806 TRAILCREST DRIVE</b>                                                                                                 |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |  |
| 17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED<br><b>BELINDA MAHONE - DAUGHTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |                                                                                                                                                                                             |                                                                 | 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)<br><b>155 HUNTER GLEN, WAXAHACHIE, TX 75167</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                             |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |  |
| 19. METHOD OF DISPOSITION<br><input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation<br><input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state<br><input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                                                                                                                                                                             |                                                                 | 20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH<br><b>VERONICA WELLING, BY ELECTRONIC SIGNATURE - 117222</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             | 21. <input type="checkbox"/> Unknown<br>Section <b>52</b><br>Block<br>Lot <b>54</b><br>Space <b>11</b>                                       |                                                                                                                                                                                                                                                                                                                                                                            |  |
| 22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)<br><b>LAUREL LAND MEMORIAL PARK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                                                                                                                                                                             |                                                                 | 23. LOCATION (City/Town, and State)<br><b>DALLAS, TX</b>                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                             | 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)<br><b>6000 S.R.L. THORNTON FREEWAY, DALLAS, TX 75232</b> |                                                                                                                                                                                                                                                                                                                                                                            |  |
| 24. NAME OF FUNERAL FACILITY<br><b>LAUREL LAND FUNERAL HOME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                           |                                                                                                                                                                                             |                                                                 | 26. CERTIFIER (Check only one)<br><input checked="" type="checkbox"/> Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.<br><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<br><b>JEFFREY ASTBURY, BY ELECTRONIC SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                                                                                                                                                                                             | 28. DATE CERTIFIED (mm-dd-yyyy)<br><b>APRIL 28, 2017</b>        |                                                                                                                                                                                                                                                                                                                                                                                                              | 29. LICENSE NUMBER<br><b>J3967</b>                                                                                                                                                          |                                                                                                                                              | 30. TIME OF DEATH (Actual or presumed)<br><b>12:53 PM</b>                                                                                                                                                                                                                                                                                                                  |  |
| 31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)<br><b>JEFFREY ASTBURY 1441 S. MIDLOTHIAN PKWY SUITE 100, MIDLOTHIAN, TX 76065</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |                                                                                                                                                                                             |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              | 32. TITLE OF CERTIFIER<br><b>MD</b>                                                                                                                                                         |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |  |
| 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.<br><b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b><br>a. <b>LUNG CANCER, METASTATIC</b><br>Due to (or as a consequence of):<br>b. _____<br>Due to (or as a consequence of):<br>c. _____<br>Due to (or as a consequence of):<br>d. _____<br><b>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> |                                                           |                                                                                                                                                                                             |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                                                              | Approximate interval Onset to death<br><b>3 YEARS</b>                                                                                                                                                                                                                                                                                                                      |  |
| PART 2. ENTER OTHER CAUSE GIVEN IN PART 1. <b>BONE METASTASES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |                                                                                                                                                                                             |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              | 34. WAS AN AUTOPSY PERFORMED?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                        |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |  |
| 36. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural<br><input type="checkbox"/> Accident<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Homicide<br><input type="checkbox"/> Pending Investigation<br><input type="checkbox"/> Could not be determined                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |                                                                                                                                                                                             |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              | 37. DID TOBACCO USE CONTRIBUTE TO DEATH?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Probably<br><input type="checkbox"/> Unknown |                                                                                                                                              | 38. IF FEMALE:<br><input type="checkbox"/> Not pregnant within past year<br><input type="checkbox"/> Pregnant at time of death<br><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death<br><input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death<br><input type="checkbox"/> Unknown if pregnant within the past year |  |
| 39. IF TRANSPORTATION INJURY, SPECIFY:<br><input type="checkbox"/> Driver/Operator<br><input type="checkbox"/> Passenger<br><input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | 35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                             |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |  |
| 40a. DATE OF INJURY (mm-dd-yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           | 40b. TIME OF INJURY                                                                                                                                                                         |                                                                 | 40c. INJURY AT WORK?<br><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.<br><b>0203560</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                           | 42b. DATE RECEIVED BY LOCAL REGISTRAR<br><b>MAY 1, 2017</b>                                                                                                                                 |                                                                 | 42c. REGISTRAR<br><b>REGISTRAR - CITY OF DALLAS, ELECTRONICALLY FILED</b>                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                             |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |  |
| EDR NUMBER 00002090553                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |                                                                                                                                                                                             |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            |  |

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)

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

*Tara Das*  
TARA DAS  
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE