

## CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

CH	HARLES WAYNE MIRIC	K SR							(mm-do	d-yyyy)	ACTUAL OR P					
3. S		OF BIRTH (n		5. AGE-Last I (Years)	Birthday	Mo Day	IF UNDER	Min	6. BIRT		ty & State or Foreig	n Cour				
	ALE NOV	EMBER 2		STATUS AT TI	ME OF DEATH	Married	9. SURVIV	VING SPOUSE	BRUC S NAME (If	EVILLE, wife, give na	TX me prior to first ma	riage)				
464-42-4498 Widowed Divorced Never Married Unknown																
10a. RESIDENCE STREET ADDRESS						10b. APT. NO. 10c. CI				ITY OR TOWN						
680 10d.	6806 TRAILCREST DRIVE 10d. COUNTY   10e. STATE					DA I 10f. ZIP CODE				ILLAS T10g. INSIDE CITY LIMITS?						
DALLAS TEXAS						75232					✓ Yes □ No					
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE					12. MOT	12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE					e					
RURIE AURTHUR MIRICK SARAH  13. PLACE OF DEAT						H SMITH	V ONE)				(02= E					
IF DEATH OCCURRED IN A HOSPITAL: IF DEATH OCCURR  ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice Facility					ED SOMEWHERE C	OTHER THAN A F	IOSPITAL:	Othor (Casaily	174		720	_				
2.3000	COUNTY OF DEATH		Part Control Street, City		SIDE CITY LIMITS,					n, give stree	t address)					
DA	ALLAS	ALLAS, 75			6806	TRAILCRE	ST DRIVE									
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED					18. MAILING A	18. MAILING ADDRESS OF INFORMANT (Street and Number, C					ity,State,Zip Code)					
BE	ELINDA MAHONE - DAL	GHTER	//	las -	155 HUNTI	ER GLEN, WA	AXAHACHIE	TX 7516	7		9 (/) °					
1000	Burial Crematic	on	☐ Donation	ACTI	IGNATURE AND LIC NG AS SUCH	CENSE NUMBER	OF FUNERAL	DIRECTOR O	PERSON	21.		Unkno				
	Entombment  Other (Specify)	Removal fro	om state		RONICA WELL	LING ,BY ELE	CTRONIC	SIGNATUF	RE -	Section	52					
ESEC.	PLACE OF DISPOSITION (Nan	ne of cemeter	y, crematory, c		7222 23. LOC	ATION (City/Town	n, and State)			Block	54					
I A	LAUREL LAND MEMORIAL PARK				20160	AS, TX				Space	11					
24. NAME OF FUNERAL FACILITY						MPLETE ADDRES	S OF FUNERA	L FACILITY (S	reet and Nur	mber, City, S	itate, Zip Code)					
LAI	UREL LAND FUNERAL	HOME			6000 \$	S.R.L. THOR	NTON FREE	WAY, DAI	LAS, TX	75232	_ 15 _ 7					
<b>X</b>	Certifying physician-To the best of m				26. CERTIFIER (Check only one)  Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.											
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 p																
27.5	SIGNATURE OF CERTIFIER	ace - On the bas	sis of examinatio	n, and/or investig	ation, in my opinion, de 28. DAT	eath occurred at the E CERTIFIED (mr	time,date and pla m-dd-yyyy) 2	ce, and due to the	umber 3	d manner stat 30. TIME OF	ed. DEATH(Actual or	oresun				
27.S	SIGNATURE OF CERTIFIER FFREY ASTBURY, BY	ELECTRO	ONIC SIGN	ATURE	28. DAT	eath occurred at the E CERTIFIED (mr	n-dd-yyyy) 2	ce, and due to the second seco	umber (s) and	30. TIME OF	DEATH(Actual or 12:53 PM	oresun				
27.S JEI 31. I	SIGNATURE OF CERTIFIER  FFREY ASTBURY, BY PRINTED NAME, ADDRESS O	ELECTRO F CERTIFIER	ONIC SIGN (Street and N	ATURE umber, City,Sta	28. DAT	APRIL 28, 20	n-dd-yyyy) 2	9. LICENSE N J3967	UMBER	30. TIME OF	DEATH(Actual or	oresum				
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27.5 31.1 JEI HIVE DE DE PARCAL BO 36.1 MINIOR DE MARIA	FFREY ASTBURY, BY PRINTED NAME, ADDRESS O FFREY ASTBURY 144 33. PART 1. ENTER THE CHY TERMINAL EVENTS SUCH AS ETIOLOGY, DO NOT ABBREV IMMEDIATE CAUSE (final disease or condition	ELECTRIC F CERTIFIER 1 S. MIDL AIN OF EVEN S CARDIACA i/ATE. ENTER  b.  c.  d.  FICANT CON  37. DID TOI TO DE/ No No Unk y)   40b.TIME	DNIC SIGN (Street and N OTHIAN P IS - DISEASE REST, REST, RONLY ONE O NG CANCE  BACCO USE O ATH?  DITIONS CON DITI	ATURE  JUNEAR CHYSIA  KWY SUITE  S. INJURIES, S. INJURIES, S. INJURIES, S. INJURIES, S. INJURIES, S. INJURIES, S. INJURY A  40c. INJURY A  40c. INJURY A	28. DAT  E 100, MIDLOT OR COMPLICATION REST, OR VENTRIC CH.  Due to (or a	APRIL 28, 20  HIAN, TX 760 NS - THAT DIREC CULAR FIBRILLAT  IS a consequence IS a consequen	in 42 days of de jays to one year past year	9. LICENSE N J3967  THE DEATH. SHOWING TI  LYING  ath before death	DO NOT EN 4. WAS AN 7. S. WERE AL COMPLETE TO THE SPECIAL COMPLETE TO THE SPEC	AUTOPSY P  AUTOPSY P  Yes [  ITOPSY FINIT  THE CAUSE  F TRANSPC  CIFY:  Passenger  Pedestrian  Other (Specification)	T2:53 PM E OF CERTIFIER  Approximate int Onset to death  3 YEARS  White Program of the Control o	erval				
27.S JEI 31. I JEI HILD BO	FFREY ASTBURY, BY PRINTED NAME, ADDRESS O FFREY ASTBURY 144 33. PART 1. ENTER THE CHY TERMINAL EVENTS SUCH AS ETIOLOGY, DO NOT ABBREV MMEDIATE CAUSE (Final disease or condition> resulting in death) MMEDIATE CAUSE (final disease or condition> fran, leading to the cause listed on line a. Enter the UNDERLYNO CAUSE (cliesease or injury that UNDERLYNO CAUSE (cliesease or injury that JAC ST  TERMINAL FOR THE SIGNI JSE GIVEN IN PART I.  DNE METASTASES  MANNER OF DEATH  A Natural Accident  Sucide Homicide Pending Investigation LOCATE OF INJURY (mm-dd-yyy)  DATE OF INJURY (mm-dd-yyy)  LOCATE OF INJURY (mm-dd-yyy)	ELECTRIC F CERTIFIER  1 S. MIDL AIN OF EVEN G CARDIAC A  LUN  b.  c.  d.  FICANT CON  Yes No. Prot Under Hold Y 1406. Time  9r. Chy. State, Prot, Chy. State	DNIC SIGN (Street and N OTHIAN P IS - DISEASE REST, REST, RONLY ONE O NG CANCE  BACCO USE O ATH?  DITIONS CON DITI	ATURE  JUNEAR CHYSIA  KWY SUITE  S. INJURIES, S. INJURIES, S. INJURIES, S. INJURIES, S. INJURIES, S. INJURIES, S. INJURY A  40c. INJURY A  40c. INJURY A	28. DAT  E 100, MIDLOT OR COMPLICATION REST, OR VENTRIC CH.  Due to (or a	APRIL 28, 20  HIAN, TX 760 NS - THAT DIREC CULAR FIBRILLAT  IS a consequence IS a consequen	in 42 days of de jays to one year past year	9. LICENSE N J3967  THE DEATH. SHOWING TI  LYING  ath before death	DO NOT EN 4. WAS AN 7. S. WERE AL COMPLETE TO THE SPECIAL COMPLETE TO THE SPEC	30. TIME OF  MD  AUTOPSY P  Yes [  ITOPSY FINITY  TOPSY FINITY  FE CAUSE  F TRANSPC  CIFY:  Passenger  Pedestrian  Other (Sperester)	T2:53 PM E OF CERTIFIER  Approximate int Onset to death  3 YEARS  White Program of the Control o	erval				
27.S  JEI  HIVE DE LA PARE  AU  AU  AU  AU  AU  AU  AU  AU  AU  A	FFREY ASTBURY, BY PRINTED NAME, ADDRESS O FFREY ASTBURY 144 33. PART 1. ENTER THE CH TERMINAL EVENTS SUCH AS ETIOLOGY. DO NOT ABBREV MINEDIATE CAUSE (Final disease or condition———————————————————————————————————	ELECTRIC F CERTIFIER  1 S. MIDL AIN OF EVEN G CARDIAC AVIATE. ENTER  b  c  d FICANT CON  37. DID TOO DE.	DNIC SIGN (Street and N OTHIAN PI TS - DISEASE RREST, REST, RONLY ONE ONE CANCE  DITIONS CON DITIONS C	ATURE  JUNEAR CHYSIA  KWY SUITE  S. INJURIES, S. INJURIES, S. INJURIES, S. INJURIES, S. INJURIES, S. INJURIES, S. INJURY A  40c. INJURY A  40c. INJURY A	28. DAT  28. DAT  29. DAT  20. MIDLOT:  OR COMPLICATION  REST, OR VENTRIC  Due to (or a	APRIL 28, 20  HIAN, TX 760 NS - THAT DIREC CULAR FIBRILLAT  IS a consequence IS a consequen	in 42 days of de jays to one year past year	9. LICENSE N J3967  THE DEATH. SHOWING TI  LYING  ath before death	DO NOT EN 4. WAS AN 7. S. WERE AL COMPLETE TO THE SPECIAL COMPLETE TO THE SPEC	30. TIME OF  MD  AUTOPSY P  Yes [  ITOPSY FINITY  TOPSY FINITY  FE CAUSE  F TRANSPC  CIFY:  Passenger  Pedestrian  Other (Sperester)	T2:53 PM E OF CERTIFIER  Approximate int Onset to death  3 YEARS  White Program of the Control o	erval				

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MAY 02 2017

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TARA DAS STATE REGISTRAR JLF

