

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
JUL 20 2017
STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER 142-17-105072**

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) REMEDIOS FRANK			2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) JULY 13, 2017		
3. SEX FEMALE			6. BIRTHPLACE (City & State or Foreign Country) PHILIPPINES		
4. DATE OF BIRTH (mm-dd-yyyy) OCTOBER 13, 1939		5. AGE - Last Birthday (Years) 77		6. BIRTHPLACE (City & State or Foreign Country) PHILIPPINES	
7. SOCIAL SECURITY NUMBER 051-42-9074		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) HARRY FRANK	
10a. RESIDENCE STREET ADDRESS 8109 ETIENNE DR.			10b. APT. NO.	10c. CITY OR TOWN CORPUS CHRISTI	
10d. COUNTY NUECES		10e. STATE TEXAS		10f. ZIP CODE 78414	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE MARTIN CAMACHO			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE RAFAELA MONAHAN		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input checked="" 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 NUECES		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) CORPUS CHRISTI, 78411		16. FACILITY NAME (If not institution, give street address) DOCTOR'S REGIONAL HOSPITAL	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED HARRY FRANK - HUSBAND			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 8109 ETIENNE DR., CORPUS CHRISTI, TX 78414		
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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 SANDRA SALAZAR, BY ELECTRONIC SIGNATURE - 115997		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) SEASIDE CREMATORY			23. LOCATION (City/Town, and State) CORPUS CHRISTI, TX		
24. NAME OF FUNERAL FACILITY SEASIDE FUNERAL HOME			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 4357 OCEAN DRIVE, CORPUS CHRISTI, TX 78412		
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 CHOOONG-FAI TOO, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) JULY 19, 2017	29. LICENSE NUMBER Q6120	30. TIME OF DEATH (Actual or presumed) 21:16	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) CHOOONG-FAI TOO 3315 S ALAMEDA ST, CORPUS CHRISTI, TX 78411			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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MASSIVE INTRAPARENCHYMAL HEMORRHAGE Due to (or as a consequence of): HYPERTENSION Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____					Approximate interval Onset to death 3 DAYS YEARS
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.			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 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. 021793	42b. DATE RECEIVED BY LOCAL REGISTRAR JULY 19, 2017	42c. REGISTRAR REGISTRAR - CITY OF CORPUS CHRISTI, ELECTRONICALLY FILED			

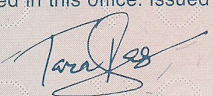
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 VS-112 REV 1/2006


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ISSUED JUL 24 2017


 TARA DAS
 STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

