

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES

VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Mar 28 2023

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-23-049860

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
JUNE PETROVICH BLOCH		MARCH 17, 2023	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)
FEMALE		71	HAZLETON, PA
7. SOCIAL SECURITY NUMBER		8. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)	
9. MARITAL STATUS AT TIME OF DEATH		10. APT. NO.	
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10a. CITY OR TOWN	
10a. RESIDENCE STREET ADDRESS		10b. ZIP CODE	
5702 TRAILRIDGE DRIVE		78731-4227	
10c. COUNTY		10d. INSIDE CITY LIMITS?	
TRAVIS		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE		12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE	
BERNARD JOHN PETROVICH		LUCY MARDYNIAX	
13. PLACE OF DEATH (CHECK ONLY ONE)			
<input checked="" type="checkbox"/> In Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <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		15. CITY/TOWN, ZIP (If OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)	
TRAVIS		AUSTIN, 78705	
16. FACILITY NAME (If not institution, give street address)		17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	
SETON MEDICAL CENTER		LINDSEY BLOCH - DAUGHTER	
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		19. METHOD OF DISPOSITION	
5704 TRAILRIDGE DRIVE, AUSTIN, TX 78731		<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"/> Mausoleum <input type="checkbox"/> Other (Specify)	
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. SECTION	
THOMAS JENSEN BY ELECTRONIC SIGNATURE - 117622		Block	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		Lot	
PARKCREST CREMATORY		Space	
23. LOCATION (City/Town, and State)		24. NAME OF FUNERAL FACILITY	
AUSTIN, TX		WEED-CORLEY-FISH PARKCREST	
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)		26. CERTIFIER (Check only one)	
5418 PARKCREST DRIVE, AUSTIN, TX 78731		<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, proper 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
RAJU REDDY, BY ELECTRONIC SIGNATURE		MARCH 21, 2023	S1245
30. TIME OF DEATH (Actual or presumed)		31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)	
10:43 PM		RAJU REDDY 1301 WEST 38TH STREET, AUSTIN, TX 78705	
32. TITLE OF CERTIFIER		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.	
DR		IMMEDIATE CAUSE (Final disease or condition resulting in death) a. SEPTIC SHOCK Due to (or as a consequence of): b. HOSPITAL ACQUIRED PNEUMONIA Due to (or as a consequence of): c. RECURRENT CLOSTRIDIUM DIFFICILE Due to (or as a consequence of): d.	
34. WAS AN AUTOPSY PERFORMED?		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown	
38. IF FEMALE		39. IF TRANSPORTATION INJURY, SPECIFY:	
<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		<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?		40d. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)		40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR	
02001293		MARCH 28, 2023	
42c. REGISTRAR		42d. SIGNATURE	
		Tara Das	

EDR NUMBER 00044445578966
 This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Apr 03 2023

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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Nancy Hug on behalf of Lois Ann Stanton

Bar No. 19054400

nghug@ohsks.com

Envelope ID: 74955150

Filing Code Description: OPN:PB INDEPENDENT ADMINISTRATION

Filing Description: Application for Probate of Will

Status as of 4/24/2023 2:48 PM CST

Case Contacts

Name	BarNumber	Email	TimestampSubmitted	Status
Lois Ann Stanton		lastanton@ohsks.com	4/24/2023 2:42:15 PM	SENT
Tyler RHannusch		trhannusch@ohsks.com	4/24/2023 2:42:15 PM	SENT