



STATE OF TEXAS  
CITY OF HOUSTON

CERTIFICATION OF VITAL RECORD

CITY OF HOUSTON

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. LEGAL NAME OF DECEASED (Include AKAs, if any) (First, Middle, Last)		THOMPSON		JULY 5, 2016	
3. SEX		FEMALE		JANUARY 15, 1933	
4. DATE OF BIRTH (mm-dd-yyyy)		83		MARCELIN, MO	
5. AGE-Last Birthday		IF UNDER 1 YR		Mo Days Hours Min	
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
574-10-3966		Married		MARCELIN, MO	
10a. RESIDENCE STREET ADDRESS		10b. APT. NO.		10c. CITY OR TOWN	
24523 HAMPTON LAKES DRIVE		KATY		KATY	
10d. STATE		10e. ZIP CODE		10f. INSIDE CITY LIMITS?	
TEXAS		77493		Yes No	
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		13. PLACE OF DEATH (CHECK ONLY ONE)	
HARRIS		77493		IF DEATH OCCURRED IN 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		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)		16. FACILITY NAME (If not institution, give street address)	
Precinct 5, 77493		24523 HAMPTON LAKES DRIVE		24523 HAMPTON LAKES DRIVE	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		19. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	
PAUL STEVENS - SON		31 REMINGTON TRAILS, KATY, TX 77493		M. H. SCHMIDT JR., BY ELECTRONIC SIGNATURE - 6171	
20. METHOD OF DISPOSITION		21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		22. NAME OF FUNERAL FACILITY	
<input type="checkbox"/> Burial <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Removal from state		BARRANCA NATIONAL CEMETERY		SCHMIDT FUNERAL HOME - KATY	
23. LOCATION (City/Town, and State)		24. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)		25. DATE CERTIFIED (mm-dd-yyyy)	
PENSACOLA, FL		1508 EAST AVENUE, KATY, TX 77493		JULY 7, 2016	
26. CERTIFIER (Check only one)		27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	
<input type="checkbox"/> Medical Examiner/Judge of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred due to the cause(s) and manner stated.		MUESSH N MEHTA, BY ELECTRONIC SIGNATURE		K8338	
29. TIME OF DEATH (Actual or presumed)		30. TIME OF DEATH (Actual or presumed)		31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)	
07:39 PM		JULY 7, 2016		MUESSH N MEHTA, 1331 W. GRAND PKWY NORTH #230, KATY, TX 77493-2711	
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.		34. WAS AN AUTOPSY PERFORMED?	
MD		IMMEDIATE CAUSE (Final disease or condition resulting in death)		Yes No	
35. PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.		36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?	
a. ATHEROSCLEROTIC HEART DISEASE		<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. HYPERTENSION		38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:	
c. HYPERLIPIDEMIA		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant within 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)	
d. ATRIAL FIBRILLATION		40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY	
Due to (or as a consequence of):		<input type="checkbox"/> Yes <input type="checkbox"/> No		40c. INJURY AT WORK?	
Due to (or as a consequence of):		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		40e. LOCATION (Street and Number, City, State, Zip Code)	
Due to (or as a consequence of):		40f. COUNTY OF INJURY		41. DESCRIBE HOW INJURY OCCURRED	
YEARS		42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR	
YEARS		0211496		JULY 7, 2016	
YEARS		42c. REGISTRAR		REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED	
YEARS		EDR NUMBER 000001929972			

VS-112 REV 1/2006

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. 151.159)

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT



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ISSUED JUL 14 2016

S. Kellen Sweny  
Local Registrar

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