MEDICAL ABSTRACT OF DEATH CERTIFICATE

STATE OF TEXAS

STATE FILE NUMBER

ENTER NAME OF DECEASED AND PLACE OF DEATH EXACTLY AS SHOWN ON THE ORIGINAL DEATH CERTIFICATE

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)

DATE OF DEATH (mm-dd-yyyy): JANUARY 14, 2019

PLACE OF DEATH (CITY OR TOWN AND COUNTY)

IS THE DATE OF DEATH BEING CORRECTED? ☐ Yes ☐ No

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 occured at the time,date and place, and due to the cause(s) and manner stated.

27. SIGNATURE OF CERTIFIER: KARIN E KNOLLE , BY ELECTRONIC SIGNATURE

28. DATE CERTIFIED (mm-dd-yyyy)

29. LICENSE NUMBER

30. TIME OF DEATH(Actual or presumed): 01:22 PM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code): KARIN E KNOLLE 1211 N HWY 359, SANDIA, TX

32. TITLE OF CERTIFIER: JP

CAUSE OF DEATH

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 A EACH.

		Approximate Interval Onset to death
IMMEDIATE CAUSE (Final disease or condition ------> resulting in death)	a. MULTI ORGAN FAILURE	UNKNOWN
	Due to (or as a consequence of):	
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. SQUAMOUS CELL CARCINOMA OF MOUTH	
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH
- ☒ Natural
- ☐ Accident
- ☐ Suicide
- ☐ Homicide
- ☐ Pending Investigation
- ☐ Could not be determined

37. DID TOBACCO USE TO DEATH?
- ☐ Yes
- ☐ No
- ☐ Previously
- ☐ Probably
- ☒ Unknown

38. IF FEMALE:
- ☐ Not pregnant within past year
- ☐ Pregnant at time of death
- ☐ Not pregnant, but pregnant within 42 days of death
- ☐ Not pregnant, but pregnant 43 days to one year before death
- ☒ Unknown if pregnant within the past year

39. IF TRANSPORTATION INJURY, SPECIFY:
- ☐ Driver/Operator
- ☐ Passenger
- ☐ Pedestrian
- ☐ Other (Specify)

40a. DATE OF INJURY(mm-dd-yyyy)

40b. TIME OF INJURY

40c. INJURY AT WORK? ☐ Yes ☐ 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.

42b. DATE RECEIVED BY LOCAL REGISTRAR (MM-DD-YYYY)

42c. REGISTRAR

EDR 000044444412972

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)

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ABSTRACT