DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

i. LEGAL N	AME OF DECEAS	CD (Include AKA)	s, ii arry) (First, I	vildule, Last)		1 /4 P	(Maider			dd-yyyy)	ACTUAL OR PRESI
RUTHIE I	MAE WALDE	N ATE OF BIRTH (mm-dd-sogor)	T5 AGE-Last Bi	rthrlay	JA LIF UNDER 1 YE	CKSON	1 DAY	6 BIRT		BER 14, 2017 y & State or Foreign Cou
				5. AGE-Last Bi (Years)		Mo Da	ys Hours	Mín			
FEMALE 7. SOCIAL S	SECURITY NUMBER	JUNE 18,	8. MARITAL	T STATUS AT TIM	75 IE OF DEATH	Married	9. SURVIV	ING SPOUSE		K SPRING f wife, give nar	me prior to first marriage
162-72-5	E20		Widowed	Divorced	Never I	Married Unknow	n 💮				
IOa. RESIDE	ENCE STREET AD	DRESS		1			10b. APT	. NO. 10	CITY OF	RTOWN	34
4819 HE	ATHER PASS							S	AN ANT	ONIO	
10d. COUNT		De la	10e. STAT	E .			10f. ZIP CODE	01-17		NSIDE CITY L	1
BEXAR			TEXAS				78218	7 3	0	Yes Yes	□ No
11. FATHER	R'S NAME PRIOR	TO FIRST MARRI	IAGE		12.	MOTHER'S NAME P	RIOR TO FIRST I	MARRIAGE	8' 7	× 30	
MOULTO	ON JACKSON	JR	2-1-	حورہ	LO	VIE NELSON	∑_@≥<	LTY.	Q#4	E (5)	(CE 100)
IF/DEATH O	CCURRED IN A F	OSPITAL:	IF DE			DEATH (CHECK ON RE OTHER THAN A					
☐ Inpatien						Home 🔀 Deceder				9.	
14. COUNT	Y OF DEATH	15	CITY/TOWN,	ZIP (IF OUTSI	DE CITY LIMI	TS, GIVE PRECINCT	NO) 16. FACIL	ITY NAME (If	not instituti	on, give street	address)
BEXAR			SAN ANTO	NIO, 78218-2	748		48191	HEATHER	PASS		
	ANT'S NAME & R					NG ADDRESS OF INF				Zip Code)	702 E 5
LINDAD	AVENPORT -	DALIGHTED			2659 0	OUNTY ROAD 4	ISO DIME DO	X TY 770	53-5162	* V.	
19. METHOL	D OF DISPOSITIO	IN		AOTIN	NATURE AN G AS SUCH	D LICENSE NUMBER	R OF FUNERAL D	DIRECTOR OF	PERSON	21.	☐ Unkno
Burial	⊠ Cre		Donation	7						Section	49, (114
Entombr Other (S		Removal fr	om state		00.50	OON DESTRUCTION	DONIC OLD	LATUE-	44050	Block	40 Y 60
	OF DISPOSITION	(Name of cemete	ry, crematory o			SON ,BY ELECT LOCATION (City/Tow		NATURE -	11650	Lot	WALDEN
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and, place,	10					Space	
COPPER 24. NAME O	RAS CEMETE	RY	£ /			OAK SPRINGS, COMPLETE ADDRESS		FACILITY (St	reet and Nu		tate, Zip Code)
							4				1 20
PHILLIPS 26. CERTIFI	S & LUCKEY I IER (Check only or	FUNERAL HO	OME - GIDD	INGS	139						
		10)				50 EAST AUSTI	N ST, GIDDI	NGS, IX /	8942		
	physician-To the bes	st of my knowledge,		ue to the cause(s) a	and manner sta	ted.	2 1	Y 192	J-600	Y 42	
Medical E	physician-To the bes	st of my knowledge, e Peace - On the ba		ue to the cause(s) a	and manner stat		time,date and place	Y 192	e cause(s) a		
Medical E 27.SIGNATU	physician-To the bes xaminer/Justice of th JRE OF CERTIFIE	et of my knowledge, e Peace - On the ba	asis of examination	ue to the cause(s) a	and manner stat	ted. on, death occurred at the DATE CERTIFIED (m	e time,date and plac irn-dd-yyyy) 29	e, and due to th	e cause(s) a		DEATH(Actual or presu
Medical E 27.SIGNATU WILLIAM	physician-To the bes xaminer/Justice of th	et of my knowledge, e Peace - On the back R ECTRONIC S	isis of examination	ue to the cause(s) a n, and/or investigat	and manner stal tion, in my opini 28.	ted. on, death occurred at the	e time,date and plac irn-dd-yyyy) 29	e, and due to th	e cause(s) a	30. TIME OF	
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Medical E 27.SIGNATU WILLIAM 31. PRINTEI WILLIAM 33. PAF	physician-To the best xaminer/Justice of the JRE OF CERTIFIE I WU , BY ELE D NAME, ADDRES I WU 927 MC RT 1. ENTER THE	st of my knowledge, e Peace - On the base FR ECTRONIC S ES OF CERTIFIER CULLOUGH, CHAIN OF EVER	IGNATURE R (Street and No	ue to the cause(s) and and/or investigate uniber, City, State ONIO, TX 782.S, INJURIES, O	and manner station, in my opinion, i	ted. on, death occurred at this DATE CERTIFIED (m DECEMBER 1,	e time,date and plac rm-dd-yyyy) 2017 H CTLY CAUSED T	e, and due to th LICENSE NI 18897	e cause(s) a JMBER	32. TITLE	DEATH(Actual or presu 05:40 PM OF CERTIFIER Approximate interval
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