

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

DEC 04 2017
STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-17-176167

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)			(Maiden)			2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy)		
RUTHIE MAE WALDEN			JACKSON			NOVEMBER 14, 2017		
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YEAR		IF UNDER 1 DAY		6. BIRTHPLACE (City & State or Foreign Country)	
FEMALE	JUNE 18, 1942	75	Mo Days		Hours Min		DOAK SPRINGS, TX	
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)				
462-72-5528		<input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown						
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.		10c. CITY OR TOWN			
4819 HEATHER PASS					SAN ANTONIO			
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?		
BEXAR		TEXAS		78218		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE					
MOULTON JACKSON JR			LOVIE NELSON					
13. PLACE OF DEATH (CHECK ONLY ONE)								
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)								
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" 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)		
BEXAR			SAN ANTONIO, 78218-2748			4819 HEATHER PASS		
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)					
LINDA DAVENPORT - DAUGHTER			2653 COUNTY ROAD 430, DIME BOX, TX 77853-5163					
19. METHOD OF DISPOSITION			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			21. <input type="checkbox"/> Unknown		
<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)								
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			23. LOCATION (City/Town, and State)			Section: _____		
COPPERAS CEMETERY			DOAK SPRINGS, TX			Block: _____		
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			Lot: WALDEN		
PHILLIPS & LUCKEY FUNERAL HOME - GIDDINGS			3950 EAST AUSTIN ST, GIDDINGS, TX 78942			Space: _____		
26. CERTIFIER (Check only one)			27. SIGNATURE OF CERTIFIER			28. DATE CERTIFIED (mm-dd-yyyy)		
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.			WILLIAM WU, BY ELECTRONIC SIGNATURE			DECEMBER 1, 2017		
<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.						29. LICENSE NUMBER		
						H8897		
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			32. TITLE OF CERTIFIER			30. TIME OF DEATH (Actual or presumed)		
WILLIAM WU 927 MCCULLOUGH, SAN ANTONIO, TX 78215			MD			05:40 PM		
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?			35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
IMMEDIATE CAUSE (Final disease or condition resulting in death)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
a. CARDIAC ARREST			Due to (or as a consequence of):			IMMEDIATE		
b. MYOCARDIAL INFARCT			Due to (or as a consequence of):			ACUTE		
c. CORONARY ARTERY DISEASE			Due to (or as a consequence of):			WEEKS		
d.								
36. MANNER OF DEATH			37. DID TOBACCO USE CONTRIBUTE TO DEATH?			38. IF FEMALE:		
<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 checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			<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		
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 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		42c. REGISTRAR			
0213427			DECEMBER 1, 2017		REGISTRAR - SAN ANTONIO CITY CLERK, ELECTRONICALLY FILED			
EDR NUMBER 000002203359								

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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, 1999)

VS-112 REV 1/2006

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This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED DEC 06 2017

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

TARA DAS
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JLF