

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF TEXAS JUN 20 1999 CERTIFICATE OF DEATH

STATE FILE NUMBER 1.2-99-063190

1 NAME OF DECEASED (a) FIRST: Carlos (b) MIDDLE: Hernandez (c) LAST: Hernandez			(d) MARRIED	2 SEX: Male	3 DATE OF DEATH: 5/6/1999
4 DATE OF BIRTH: 7/14/1954		5 AGE (IN YEARS): 44	6 BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY): Corpus Christi, Texas	7 SOCIAL SECURITY NO.: 457-96-7110	
8 RACE: Caucasian		9. IF YES, SPECIFY (INDICATE CUBAN, PUERTO RICAN, ETC.): Mexican		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? NO	
11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (10-12) COLLEGE (13-16, 17+): 9		12. MARITAL STATUS: NEVER MARRIED		13. SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME): Maintenance	
14. DECEDENT'S USUAL OCCUPATION: Labor		15a. RESIDENCE STREET ADDRESS: Hwy 98 South & FM 1840		15b. CITY OR TOWN: New Boston	
15c. COUNTY: Bowie		15d. STATE: Texas		15e. ZIP CODE: 75570	
16. FATHER'S NAME: Carlos Hernandez		17. MOTHER'S MARRIAGE NAME: Fidela Gonzales		18. PLACE OF DEATH (CHECK ONLY ONE): <input checked="" type="checkbox"/> HOSPITAL: Teleford Unit	
19. COUNTY OF DEATH: Bowie		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.): Pct. #4		21. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN INSTITUTION, SHOW STREET ADDRESS): Teleford Unit	
22. INFORMANT - SIGNATURE & RELATIONSHIP: Texas Department of Criminal Justice		23. MAILING ADDRESS OF INFORMANT: P.O. Box 99 - Huntsville, Texas 77340		24. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> BURIAL	
25a. PLACE OF DEPOSITION NAME OF CEMETERY, CHURCH OR OTHER PL.: Captian Joe Byrd		25b. SECTION: C		26. NAME & ADDRESS OF FUNERAL HOME: Huntsville Funeral Home, 1215 15th. Street, Huntsville, TX. 77340	
27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Ronald R. Braine #9930		28. DATE OF DEPOSITION: 5/11/1999		29. SIGNATURE OF CERTIFIER: L. P. Powers P.A.C.	
30. CERTIFIER: <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.		31. DATE: MO 5 DAY 23 YEAR 99		32. TIME OF DEATH: 2:15 P.M.	
33. PRINTED NAME & ADDRESS OF CERTIFIER: Lowery Powers, P.A. P.O. Box 9200 New Boston, Texas 75570		34. PART 1) ENTER THE DISEASE, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.		35. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:	
IMMEDIATE CAUSE (Final disease or condition resulting in death): End Stage Cirrhosis 2° Eth/IVDU abuse		DUE TO (OR AS A LIKELY CONSEQUENCE OF):		several years	
MULTIPLE SYSTEM FAILURE 2° to a. ab. several days		DUE TO (OR AS A LIKELY CONSEQUENCE OF):		several days	
IDDM uncontrolled		DUE TO (OR AS A LIKELY CONSEQUENCE OF):		several days	
36. PART 2) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.): Cirrhosis, IDDM, Eth/IVDU Abuse		37. AUTOPSY? NO		38. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? NO	
39. DID TOBACCO USE CONTRIBUTE TO DEATH? NO		40. DID ALCOHOL USE CONTRIBUTE TO DEATH? PROBABLY		41. WAS DECEDENT PREGNANT? NO	
42. MANNER OF DEATH: <input checked="" type="checkbox"/> NATURAL		43a. DATE OF INJURY		43b. TIME OF INJURY: M	
44. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		45. INJURY AT WORK? NO		46. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)	
47. DESCRIBE HOW INJURY OCCURRED		48. REGISTRAR FILE NO.: 01-047-99		49. DATE RECEIVED BY LOCAL REGISTRAR: May 28, 1999	
50. REGISTRAR SIGNATURE: Welma M... County Clerk		51. SIGNATURE OF LOCAL REGISTRAR: Richard B. Bays		52. DATE RECEIVED BY LOCAL REGISTRAR: May 28, 1999	

RECEIVED

DEC 21 1999

MEDICAL RECORDS
RDC#539060

WARNING: For knowingly making a false statement in this form can result in a fine of up to \$10,000, (Health and Safety Code, Sec. 191.001)

JUN 11 1999

TEXAS DEPARTMENT OF HEALTH

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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 17 1999

Richard B. Bays
RICHARD B. BAYS
STATE REGISTRAR

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