

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO

1 NAME OF DECEASED (Type or print)	[a] First WANDA		[b] Middle JEAN		[c] Last LOPEZ		2 SEX FEMALE		3. DATE OF DEATH FEBRUARY 4, 1983				
4 RACE WHITE		5a WAS THE DECEDENT OF SPANISH ORIGIN? YES		5b IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. MEXICAN		6 DATE OF BIRTH 2-26-1958		7. AGE (in years last birthday) 24		IF UNDER 1 YEAR Months Days Hours Minutes		IF UNDER 24 HRS Hours Minutes	
5c PLACE OF DEATH — COUNTY NUECES			8b CITY OR TOWN (If outside city limits give street address) CORPUS CHRISTI			8c NAME OF (If not in hospital give street address) HOSPITAL OR INSTITUTION MEMORIAL MEDICAL CENTER			8d USE OF CITY WATER YES				
9 MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) DIVORCED		10 BIRTHPLACE (State or foreign country) TEXAS		11 CITIZENSHIP OF WHAT COUNTRY? USA		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? NO		13 SURVIVING SPOUSE (If wife, give maiden name) NO					
14 SOCIAL SECURITY NO 464-25-2236			15a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CASHIER				15b KIND OF BUSINESS OR INDUSTRY RETAIL SALES						
16a RESIDENCE — STATE TEXAS		16b COUNTY NUECES		16c CITY OR TOWN (If outside city limits) CORPUS CHRISTI		16d STREET ADDRESS (If rural give location) 2418 CLEO			16e DISTRICT YES				
17 FATHER'S NAME LOUIS G. VARGAS, JR.			18 MOTHER'S MAIDEN NAME MARY GOMEZ			19 SIGNATURE OF INFORMANT <i>[Signature]</i>							
20 PART I IMMEDIATE CAUSE (Enter only one cause per line for all parts) Stab Wounds of Chest													
20a DUE TO, OR AS A CONSEQUENCE OF													
20b DUE TO, OR AS A CONSEQUENCE OF													
20c													
21 OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I II													
21 AUTOPSY YES													
22a ACC SUICIDE HOM UNDET. OR PENDING INVEST (Specify) Homicide		22b DATE OF INJURY (Mo., Day, Yr.) 2-4-83		22c HOUR OF INJURY 8:11 P.		22d DESCRIBE HOW INJURY OCCURRED Deceased stabbed by assailant							
22e INJURY AT WORK (Specify yes or no) yes		22f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) service station				22g LOCATION STREET OR RFD NO CITY OR TOWN STATE 2602 S.P.I.D., Corpus Christi, Tx.							
23a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) <i>[Signature]</i> Nueces County Medical Examiner													
23b DATE SIGNED (Mo., Day, Yr.)													
23c HOUR OF DEATH M. 9:55 P.													
23d NAME OF ATTENDING PHYSICIAN (Type or print)													
23e													
23f													
23g													
23h													
23i													
23j													
23k													
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23m													
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23w													
23x													
23y													
23z													
24a 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) stated (Signature and Title) <i>[Signature]</i> Nueces County Medical Examiner													
24b DATE SIGNED (Mo., Day, Yr.) 2-10-83													
24c HOUR OF DEATH M. 9:55 P.													
24d PRONOUNCED DEAD (Mo., Day, Year) ON 2-4-83													
24e PRONOUNCED DEAD (Mo., Day, Year) AT AT 9:55 P. M.													
25a BURIAL CREMATION REMOVAL (Specify) BURIAL			25b DATE FEBRUARY 7, 1983			25c NAME OF CEMETERY OR CREMATORY MEMORY GARDENS CEMETERY							
25d LOCATION (City, town or county) (State) CORPUS CHRISTI TEXAS													
26 SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MAXWELL P. DUMME FUNERAL SERVICE, INC.													
27a REGISTRAR'S FILE NO			27b DATE REC'D BY LOCAL REGISTRAR			27c SIGNATURE OF LOCAL REGISTRAR							

Texas Department of Health — BUREAU OF VITAL STATISTICS

VS-12, REV. 1/80

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