

142-99-130464

STATE OF TEXAS

DEC 20 1999 CERTIFICATE OF DEATH


STATE FILE NUMBER

Texas Department of Health—Bureau of Vital Statistics

The penalty for knowingly making a false statement in this form can be up to 10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

WARNING

VS-112 REV. 9/95

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN				2. SEX	3. DATE OF DEATH
Joe Singleton McIlhaney				Male	Nov 28, 1999
4. DATE OF BIRTH October 18, 1902		5. AGE (IN YEARS) 97	6. BIRTHPLACE (CITY & STATE OR FOREIGN COUNTRY) Gholson, Texas		7. SOCIAL SECURITY NO. 456-54-9984
8. RACE Caucasian		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	
12. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		14a. DECEDENT'S USUAL OCCUPATION Dairy Manufacturer	14b. KIND OF BUSINESS OR INDUSTRY Dairy
15a. RESIDENCE STREET ADDRESS 4613 66th Street				15b. CITY OR TOWN Lubbock	
15c. COUNTY Lubbock		15d. STATE TX		15e. ZIP CODE 79414	15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
16. FATHER'S NAME John Richardson McIlhaney			17. MOTHER'S MAIDEN NAME Ollie Umberson		
18. PLACE OF DEATH (CHECK ONLY ONE)					
HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER: <input checked="" type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)					
19. COUNTY OF DEATH Lubbock		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Lubbock		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) SouthHaven Residential Care Home	
22. INFORMANT — SIGNATURE & RELATIONSHIP Richard McIlhaney Son			23. MAILING ADDRESS OF INFORMANT 917 Hillside Drive, Copper Canyon, TX		
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Resthaven Memorial Park 26. LOCATION (CITY, STATE) Lubbock, TX 27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lloyd Sanders, Jr. 9909		28. DATE OF DISPOSITION 12/01/1999	
29. NAME & ADDRESS OF FUNERAL HOME SANDERS FUNERAL HOME 1420 MAIN STREET LUBBOCK, TX 79401					
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. <input type="checkbox"/> MEDICAL EXAMINER } ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE					
31. SIGNATURE & TITLE OF CERTIFIER 			32. DATE SIGNED MO 12 DAY 2 YEAR 99		33. TIME OF DEATH 1:05 am M.
34. PRINTED NAME & ADDRESS OF CERTIFIER Alvin L Sneed, M.D. 7601 Quaker Ave., Lubbock, TX 79424					
35. PART 1 ENTER THE DISEASES, 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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory Arrest DUE TO (OR AS A LIKELY CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST { b. Aspiration Pneumonia DUE TO (OR AS A LIKELY CONSEQUENCE OF): 4 weeks					
c. Pneumonia DUE TO (OR AS A LIKELY CONSEQUENCE OF): 4 weeks					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)					
36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
40. MANNER OF DEATH <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		41a. DATE OF INJURY		41b. TIME OF INJURY M. <input type="checkbox"/> YES <input type="checkbox"/> NO	
		41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO			
		41d. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)			
		41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)			
		41f. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO. 02-2513		42b. DATE RECEIVED BY LOCAL REGISTRAR DECEMBER 9, 1999		42c. SIGNATURE OF LOCAL REGISTRAR 