

142-04-047766

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST <b>Io</b>		(b) MIDDLE <b>McIlhaney</b>		(c) LAST <b>Halbert</b>		(d) MAIDEN <b>Female</b>	2. SEX <b>Female</b>	3. DATE OF DEATH <b>May 3, 2004</b>
4. DATE OF BIRTH <b>September 23, 1906</b>		5. AGE (IN YEARS) <b>97</b>	IF UNDER 1 YR. MO DAYS	IF UNDER 1 DAY HOURS MIN	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) <b>Milam, Texas</b>		7. SOCIAL SECURITY NO. <b>456-76-9361</b>	
8. RACE <b>Caucasian</b>	9a. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) <b>16</b>		
12. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Homemaker</b>				14a. DECEASED'S USUAL OCCUPATION <b>Home</b>		14b. KIND OF BUSINESS OR INDUSTRY
15a. RESIDENCE STREET ADDRESS <b>1717 Norfolk Av #3222</b>						15b. CITY OR TOWN <b>Lubbock</b>		
15c. COUNTY <b>Lubbock</b>		15d. STATE <b>Texas</b>		15e. ZIP CODE <b>79416-</b>		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
16. FATHER'S NAME <b>Levi Thompson Halbert</b>				17. MOTHER'S MAIDEN NAME <b>Mary Ann Armstrong</b>				
18. PLACE OF DEATH (CHECK ONLY ONE)								
HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)								
19. COUNTY OF DEATH <b>Lubbock</b>		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) <b>Lubbock</b>			21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) <b>Carillon House</b>			
22. INFORMANT - SIGNATURE & RELATIONSHIP <b>Joe McIlhaney Son</b>				23. MAILING ADDRESS OF INFORMANT <b>1409 Old Wagon Road Austin, Texas 78746-</b>				
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)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) <b>Resthaven Memorial Park</b>		25b. Section <b>A</b> Block <b>165</b> Lot <b>4</b> Space <b>Unknown</b> 28. DATE OF DISPOSITION <b>May 7, 2004</b>		29. NAME & ADDRESS OF FUNERAL HOME <b>Sanders Funeral Home, Inc. 1420 Main Street Lubbock, Texas 79401</b>		
26. LOCATION (CITY, STATE) <b>Lubbock, TX</b>		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>George Cullum</b>		28. DATE OF DISPOSITION <b>May 7, 2004</b>				
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 <input type="checkbox"/> JUSTICE OF THE PEACE } CAUSE(S) AND MANNER AS STATED.								
31. SIGNATURE & TITLE OF CERTIFIER <b>Fiona Prabhu M.D.</b>				32. DATE SIGNED MO <b>05</b> DAY <b>07</b> YEAR <b>2004</b>		33. TIME OF DEATH <b>19:50 PM M.</b>		
34. PRINTED NAME & ADDRESS OF CERTIFIER <b>Dr. Fiona Prabhu, M.D. 3502-9th St., Lubbock, TX 79415</b>								
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. <b>Coronary heart failure</b> DUE TO (OR AS A LIKELY CONSEQUENCE OF):  Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST { b. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF): d. _____								Approximate Interval Between Onset and Death <b>~ 1 month</b>
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.) <b>Dementia, Atrial Fibrillation</b>				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 DECEASED 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. <b>02 0980</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>MAY 11, 2004</b>		42c. SIGNATURE OF LOCAL REGISTRAR <b>Rebecca Hargis</b>				

Texas Department of Health - Bureau of Vital Statistics

The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

CAUSE OF DEATH