STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
Jan 17 2019

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER** 142-18-202228

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last): MARION LEO GOAD
(Before Marriage)
2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy): DECEMBER 28, 2018
3. SEX: MALE
4. DATE OF BIRTH (mm-dd-yyyy): NOVEMBER 2, 1934
5. AGE-Last Birthday (Years): 84 | IF UNDER 1 YR: Mo Days | IF UNDER 1 DAY: Hours Min
6. BIRTHPLACE (City & State or Foreign Country): CARLSBAD, TX
7. SOCIAL SECURITY NUMBER: 525-68-5611
8. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Widowed (and not remarried) ☐ Divorced (and not remarried) ☐ Never Married ☐ Unknown
9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage): EVELYN BURRIS
10a. RESIDENCE STREET ADDRESS: 848 COUNTY ROAD 2275
10b. APT. NO.:
10c. CITY OR TOWN: MINEOLA
10d. COUNTY: WOOD
10e. STATE: TEXAS
10f. ZIP CODE: 75773
10g. INSIDE CITY LIMITS? ☐ Yes ☒ No
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE: J.T. GOAD
12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE: HELEN LOUISE LATHAM
13. PLACE OF DEATH (CHECK ONLY ONE)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☒ Other (Specify) PANDA BUFFET RESTAURANT
14. COUNTY OF DEATH: WOOD
15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO): MINEOLA, 75773
16. FACILITY NAME (If not institution, give street address): 506 E. BROAD ST.
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: EVELYN GOAD - SPOUSE
18. MAILING ADDRESS OF INFORMANT (Street and Number,City,State,Zip Code): 848 COUNTY ROAD 2275, MINEOLA, TX 75773
19. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Mausoleum ☐ Other (Specify)
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: PAUL BEATY,BY ELECTRONIC SIGNATURE - 10718
21. ☒ Unknown Section Block Lot Space
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): ROSELAWN CREMATORY
23. LOCATION (City/Town, and State): WINNSBORO, TX
24. NAME OF FUNERAL FACILITY: BEATY FUNERAL HOME/ENGLISH CHAPEL - MINEOLA
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code): 5398 S. STATE HWY. 37, MINEOLA, TX 75773
26. CERTIFIER (Check only one):
☐ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☒ 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.
27. SIGNATURE OF CERTIFIER: CINDY WEEMS, BY ELECTRONIC SIGNATURE
28. DATE CERTIFIED (mm-dd-yyyy): JANUARY 4, 2019
29. LICENSE NUMBER:
30. TIME OF DEATH(Actual or presumed): 05:37 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code): CINDY WEEMS 1001 EAST COKE RD, WINNSBORO, TX 75494
32. TITLE OF CERTIFIER: JP

CAUSE OF DEATH

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.

		Approximate Interval Onset to death
IMMEDIATE CAUSE (Final disease or condition ----> resulting in death)	a. PROBABLE MYOCARDIAL INFARCTION	UNKNOWN
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST	b. HEART DISEASE	UNKNOWN
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.
HYPERTENSION, PRIOR HEART ATTACK

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Previously ☐ Probably ☒ Unknown
38. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year
39. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
40a. DATE OF INJURY(mm-dd-yyyy):
40b. TIME OF INJURY:
40c. INJURY AT WORK? ☐ Yes ☐ No
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area):
40e. LOCATION (Street and Number, City,State,Zip Code):
40f. COUNTY OF INJURY:
41. DESCRIBE HOW INJURY OCCURRED:
42a. REGISTRAR FILE NO.: 06000008
42b. DATE RECEIVED BY LOCAL REGISTRAR: JANUARY 17, 2019
42c. REGISTRAR: REGISTRAR - WOOD COUNTY CLERK, ELECTRONICALLY FILED

EDR NUMBER 00004444403818

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. 195.1989)

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

VS-112 REV. 12/2006

49792

STATE OF TEXAS }
COUNTY OF WOOD

This is to certify that this is a true and correct copy of the official record which is in my custody.

DATE ISSUED: January 17 2019

Kelley Price
KELLEY PRICE, COUNTY CLERK/REGISTRAR
WOOD COUNTY, TEXAS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

By: _____ Deputy

WOOD COUNTY TEXAS COUNTY CLERK

THE STATE OF TEXAS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE