

STATE OF TEXAS CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Aug 30 2023

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-23-146442

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) (Before Marriage)

STEPHEN WAYNE WILLIAMS

2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)

AUGUST 7, 2023

3. SEX

MALE

4. DATE OF BIRTH (mm-dd-yyyy)

██████████

5. AGE-Last Birthday (Years)

68

IF UNDER 1 YR

Mo Days

IF UNDER 1 DAY

Hours Min

6. BIRTHPLACE (City & State or Foreign Country)

EL PASO, TX

7. SOCIAL SECURITY NUMBER

██████████

8. MARITAL STATUS AT TIME OF DEATH

☒ Married

☐ Divorced (but not remarried)

☐ Never Married

☐ Unknown

9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)

██████████

10a. RESIDENCE STREET ADDRESS

██████████

10b. APT. NO.

██████████

10c. CITY OR TOWN

WACO

10d. COUNTY

MCLENNAN

10e. STATE

TEXAS

10f. ZIP CODE

██████████

10g. INSIDE CITY LIMITS?

☒ Yes ☐ No

11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE

██████████

12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE

██████████

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)

14. COUNTY OF DEATH

EL PASO

15. CITY/TOWN, ZIP - (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)

EL PASO, 79905

16. FACILITY NAME (If not institution, give street address)

UNIVERSITY MEDICAL CENTER OF EL PASO

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED

██████████

18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)

██████████

19. METHOD OF DISPOSITION

☒ Burial

☐ Entombment

☐ Other (Specify)

☐ Cremation

☐ Removal from state

☐ Other (Specify)

☐ Donation

☐ Mausoleum

20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH

ROBERT FALCON, BY ELECTRONIC SIGNATURE - 9207

21. ☒ Unknown

Section

Block

Lot

Space

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

CRAWFORD CEMETARY

23. LOCATION (City/Town, and State)

CRAWFORD, TX

24. NAME OF FUNERAL FACILITY

AFFORDABLE BURIAL & CREMATION SERVICE

25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)

2006 N.W.S. YOUNG DR. STE. 60, KILLEEN, TX 76543

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

PAISITH PIRYAWAT, BY ELECTRONIC SIGNATURE

28. DATE CERTIFIED (mm-dd-yyyy)

AUGUST 8, 2023

29. LICENSE NUMBER

L1698

30. TIME OF DEATH (Actual or presumed)

██████████

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)

PAISITH PIRYAWAT 4800 ALBERTA AVE. EL PASO, TX 79905

32. TITLE OF CERTIFIER

MD

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. ██████████

Due to (or as a consequence of):

b. ██████████

Due to (or as a consequence of):

c. ██████████

Due to (or as a consequence of):

d. ██████████

Due to (or as a consequence of):

Approximate interval Onset to death

██████████

PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.

SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

BUT NOT RESULTING IN THE UNDERLYING

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.

01004887

42b. DATE RECEIVED BY LOCAL REGISTRAR

AUGUST 30, 2023

42c. REGISTRAR

Tara Das

EDR NUMBER 000044445890063

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Sep 12 2023

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

TARA DAS

STATE REGISTRAR

JON

