

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

May 17 2021

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-21-097327

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				(Before Marriage)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
MARGARET KAY SANDLIN				LOCKARD		MAY 8, 2021	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)				
FEMALE	JUNE 3, 1945	75	BELLS, TN				
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)			
409-74-1667		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		JOSEPH LARRY SANDLIN			
10a. RESIDENCE STREET ADDRESS				10b. APT. NO.	10c. CITY OR TOWN		
13 ABALONE ST					BAY CITY		
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?	
MATAGORDA		TEXAS		77414-2771		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE				12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE			
OREN BUSTER LOCKARD				IVA M. SKELTON			
13. PLACE OF DEATH (CHECK ONLY ONE)							
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
14. COUNTY OF DEATH				15. CITY/TOWN, ZIP (If outside city limits, give precinct NO)			
HARRIS				WEBSTER, 77598			
16. FACILITY NAME (If not institution, give street address)				17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			
CORNERSTONE SPECIALTY HOSPITALS CLEAR LAKE				MARTIN BARBER - SON-IN-LAW			
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)				21. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			
2338 PIN HOOK COURT, SEABROOK, TX 77586				SHERMAN HOUCK, BY ELECTRONIC SIGNATURE - 112468 <input checked="" type="checkbox"/> Unknown			
19. METHOD OF DISPOSITION				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			
<input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from state <input type="checkbox"/> Donation <input type="checkbox"/> Mausoleum				21. Section _____ Block _____ Lot _____ Space _____			
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)				23. LOCATION (City/Town, and State)			
ALAMO CITY CEMETERY				ALAMO, TN			
24. NAME OF FUNERAL FACILITY				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
TAYLOR BROS. FUNERAL HOME				2313 AVENUE I, BAY CITY, TX 77404-0669			
26. CERTIFIER (Check only one)							
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> 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				28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
GARY W. SPANGLER, BY ELECTRONIC SIGNATURE				MAY 12, 2021	L4728	04:49 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)						32. TITLE OF CERTIFIER	
GARY W. SPANGLER 680 W FM 517, DICKINSON, TX 77539						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) 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		a. CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY				Approximate Interval Onset to death	
		Due to (or as a consequence of):				MONTH	
		b. CEREBROVASCULAR DISEASE				YEARS	
		Due to (or as a consequence of):				YEARS	
		c. HYPERTENSIVE HEART DISEASE				MONTHS	
		Due to (or as a consequence of):					
		d. CHRONIC RESPIRATORY FAILURE					
		Due to (or as a consequence of):					
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?				35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:	
<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)				40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR			
02011404		MAY 17, 2021		Tara Das			

EDR NUMBER 00004445031335

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 May 27 2021

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MIC

Tara Das
State Registrar

