

CERTIFICATION OF VITAL RECORD

COUNTY OF DALLAS TEXAS

12

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) (Maiden) DAWN MICHELLE PRICE WIGLEY

2. DATE OF DEATH - ACTUAL OR PRESUMED 12/30/2008

3. SEX FEMALE 4. DATE OF BIRTH 03/06/1959 5. AGE-Last Birthday (Years) 49 6. BIRTHPLACE (City & State or Foreign Country) DALLAS, TX

7. SOCIAL SECURITY NUMBER 451-15-5862 8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown 9. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage) CHARLES LAWRENCE PRICE

10a. RESIDENCE STREET ADDRESS 905 VIA BALBOA 10b. APT. NO. 10c. CITY OR TOWN MESQUITE

10d. COUNTY DALLAS 10e. STATE TEXAS 10f. ZIP CODE 75150 10g. INSIDE CITY LIMITS? ☒ Yes ☐ No

11. FATHER'S NAME ALBERT HOMER WIGLEY JR. 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE DORIS JEAN ERLANSON

13. PLACE OF DEATH (CHECK ONLY ONE)
☐ If DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice Facility ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
 14. COUNTY OF DEATH DALLAS 15. CITY/TOWN, ZIP CODE (If outside city limits, give precinct no) MESQUITE, 75150 16. FACILITY NAME (If not institution, give street address) 905 VIA BALBOA

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED CHARLES LAWRENCE PRICE - HUSBAND 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 905 VIA BALBOA, MESQUITE, TX 75150

19. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify) 20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH JAY VANDIVER, BY ELECTRONIC SIGNATURE-12372 21. Section ☒ Unknown Block Lot Space

22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place) ROYSE CREMATORY 23. LOCATION (City/Town, and State) ROYSE CITY, TX

24. NAME OF FUNERAL FACILITY NEW HOPE FUNERAL HOME 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 500 E HWY 80, SUNNYVALE, TX 75182

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/Judge of the Peace - On the basis of examination, autopsy investigation, or my opinion, death occurred at the time, place and place, and due to the cause(s) and manner stated.

27. SIGNATURE OF CERTIFIER [Signature] 28. DATE CERTIFIED (Mo/Day/Yr) 12/31/08 29. LICENSE NUMBER C2436 30. TIME OF DEATH (Actual or presumed) 5:48PM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) DE VENKATESH MAOHAN, 1 MEDICAL PLAZA, DALLAS, TX 75201 32. TITLE OF CERTIFIER M.D.

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 LINE.
 IMMEDIATE CAUSE (First disease or condition resulting in death) a. Aortic Aneurysm, Myocardial Infarction
 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):

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 ☐ Accidental ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined 37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ 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 (Mo/Day/Yr) 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. REGISTERS FILE NO. 01-5381 42b. DATE RECEIVED BY LOCAL REGISTRAR JAN 09 2009 42c. REGISTRAR [Signature]

VS-112 REV 1/2008

JW087423

STATE OF TEXAS } SS CERTIFIED COPY OF VITAL RECORDS
COUNTY OF DALLAS

I hereby certify that this Abstract of Birth/Death facts is recorded in this Office, or has been provided to this office by the Texas Department of State Health Services, from a document officially in their custody.

ISSUED

JAN 09 2009

Do not accept unless prepared on security paper with engraved border displaying the official seal and signatures of the issuing agency. Do not photocopy. Lamination may void certificate.

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

JOHN F. WARREN
County Clerk/Registrar
Dallas County, Texas



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE