

# STATE OF TEXAS CERTIFICATION OF VITAL RECORD

## DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER **142-14-177515**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

The penalty for knowingly making a false statement in this form is a fine of \$500.00, or imprisonment for 2-10 years, or both, and a fee of \$10.00. (Health and Safety Code, Sec. 191.051)

VS-10 (REV 1/2006)

1. LEGAL NAME OF DECEASED (Include initials, if first name, middle, last)		2. DATE OF DEATH (Actual, or presumed)	
PATRICK WAYNE ROBERTSON		DECEMBER 22, 2014	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-LAST BIRTHDAY (years)	6. BIRTHPLACE (City & State of Foreign Country)
MALE	MARCH 10, 1955	59	GROOM, TX
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH	9. MARRIAGE PROCEDURE (If married, give name prior to first marriage)	
452-11-0352	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	VICKY ANNETTE HAWKINS	
10. RESIDENCE STREET ADDRESS		11. CITY OR TOWN	12. ZIP CODE
820 SOUTH PARKS STREET		CLARENDON	79226
13. COUNTY	14. STATE	15. ZIP CODE	16. INSIDE CITY LIMITS?
DONLEY	TEXAS	79226	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. FATHER'S NAME		18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE	
DELBERT WAYNE ROBERTSON		PASTY DARLENE WALLACE	
19. PLACE OF DEATH (Check only one)		20. PLACE OF DEATH (Check only one)	
<input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
21. COUNTY OF DEATH	22. CITY OR TOWN, ZIP CODE, OR RURAL DELIVERY POINT	23. FACILITY NAME (If not available, give street address)	
DONLEY	CLARENDON, 79226	820 SOUTH PARKS STREET	
24. DECEASED'S NAME & RELATIONSHIP TO DECEASED		25. MARITAL ADDRESS OF DECEASED (Street and Number, City, State, Zip Code)	
VICKY ROBERTSON - WIFE		PO BOX 1090, CLARENDON, TX 79226	
26. METHOD OF DISPOSITION		27. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		CHARLES WAYNE ROBERTSON, OFSP BY ELECTRONIC SIGNATURE - 112241	
28. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		29. LOCATION (City, State, and Zip)	
CITIZENS CEMETERY		CLARENDON, TX	
30. NAME OF FUNERAL FACILITY		31. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
ROBERTSON FUNERAL DIRECTORS, INC.		212 S. BULLY STREET, CLARENDON, TX 79226-1090	
32. CERTIFIER (Check only one)			
<input checked="" type="checkbox"/> Certified physician to the best of my knowledge, death occurred due to the cause(s) and manner stated.			
<input type="checkbox"/> Medical Examiner/Coroner 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.			
33. SIGNATURE OF CERTIFIER		34. DATE CERTIFIED (mm-dd-yyyy)	35. LICENSE NUMBER
THOMAS C CARTER, BY ELECTRONIC SIGNATURE		DECEMBER 30, 2014	H9780
36. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		37. TITLE OF CERTIFIER	
THOMAS C CARTER, 1001 US HWY 83 NORTH, CHILDRESS, TX 79201		MD	
38. 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.		39. APPROXIMATE INTERVAL (Hours to death)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Approximate interval (Hours to death)	
a. END STAGE RENAL DISEASE		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)	
e. _____		Due to (or as a consequence of)	
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1. (DO NOT REPEAT IN THE CHAIN OF EVENTS)			
34. WAS AN AUTOPSY PERFORMED?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
35. WERE AUTOPSY FINDINGS AVAILABLE TO CORRELATE THE CAUSE OF DEATH?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. MANNER OF DEATH	37. DID TOXIC DRUG USE CONTRIBUTE TO DEATH?	38. IF PREGNANT	
<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 checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within past year	
39. DATE OF INJURY (mm-dd-yyyy)	40. TIME OF INJURY	41. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. LOCATION (Street and Number, City, State, Zip Code)		43. COUNTY OF INJURY	
44. DESCRIBE HOW INJURY OCCURRED			
45. REGISTRATION FILE NO.	46. DATE RECEIVED BY LOCAL REGISTRAR	47. REGISTRAR	
01-32	DECEMBER 31, 2014	REGISTRAR - DONLEY COUNTY CLERK, ELECTRONICALLY FILED	
EDR NUMBER 0000152674			



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED JAN 02 2015

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

*Geraldine R. Harris*  
GERALDINE R. HARRIS  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE