

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

AUG 23 2016

STATE OF TEXAS

CERTIFICATE OF DEATH

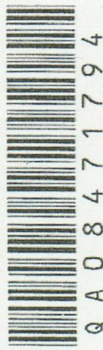
STATE FILE NUMBER 142-16-119899

1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last)		(Maiden)		2. DATE OF DEATH (ACTUAL OR PRESUMED) (mm-dd-yyyy)	
JEROME LOUIS FRIEDEL				AUGUST 20, 2016	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. UNDER 1 YR Mo Days	7. UNDER 1 DAY Hours Min	8. BIRTHPLACE (City & State of Foreign Country)
MALE	DECEMBER 9, 1932	83			DAWN, TX
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
451-62-0825		<input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.	10c. CITY OR TOWN	
630 WEST RIDGEWOOD ROAD				GEORGETOWN	
10d. COUNTY		10e. STATE		10f. ZIP CODE	10g. INSIDE CITY LIMITS?
WILLIAMSON		TEXAS		78633	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		
HERBERT FRIEDEL			JOSEPHINE WIECK		
13. PLACE OF DEATH (CHECK ONLY ONE)					
<input type="checkbox"/> If death occurred in a hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" 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.)		16. FACILITY NAME (If not institution, give street address)	
WILLIAMSON		GEORGETOWN, 78633		630 WEST RIDGEWOOD ROAD	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
BARRY FRIEDEL - SON			630 WEST RIDGEWOOD ROAD, GEORGETOWN, TX 78633		
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. Section	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		ALLYSE F. STILES, BY ELECTRONIC SIGNATURE - 116811		<input checked="" type="checkbox"/> Unknown	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)		24. NAME OF FUNERAL FACILITY	
COOK-WALDEN LAMAR CREMATORY		AUSTIN, TX		COOK-WALDEN/DAVIS FUNERAL HOME	
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)		2900 WILLIAMS DRIVE, GEORGETOWN, TX 78628			
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/Judge 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)	
TERESA ALBRIGHT, BY ELECTRONIC SIGNATURE		AUGUST 22, 2016	H0619	06:33 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			32. TITLE OF CERTIFIER		
TERESA ALBRIGHT, 800 W. 5TH ST., #201, AUSTIN, TX 78703			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.		34. WAS AN AUTOPSY PERFORMED?		Approximate interval Onset to death:	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		UNKNOWN	
a. ADENOCARCINOMA OF THE PROSTATE WITH METASTASES TO BONE		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):			
35. PART 2: ENTER OTHER CAUSE GIVEN IN PART 1		36. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING		37. WAS AN AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. MANNER OF DEATH		39. DID TOBACCO USE CONTRIBUTE TO DEATH?		40. IF FEMALE:	
<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 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	
41. DATE OF INJURY (mm-dd-yyyy)		42. TIME OF INJURY	43. INJURY AT WORK?	44. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
45. LOCATION (Street and Number, City, State, Zip Code)		46. COUNTY OF INJURY			
47. DESCRIBE HOW INJURY OCCURRED					
48a. REGISTRAR FILE NO.		48b. DATE RECEIVED BY LOCAL REGISTRAR		48c. REGISTRAR	
01-1651		AUGUST 23, 2016		REGISTRAR - WILLIAMSON COUNTY CLERK, ELECTRONICALLY FILED	
EDR NUMBER 000001954057					

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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. 195.168)

VS-112 REV 1/2006



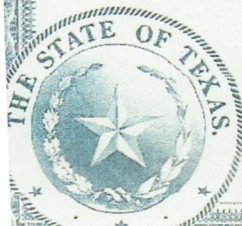
This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED AUG 24 2016

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

GERALDINE R. HARRIS
 STATE REGISTRAR

LHA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE