

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

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last) JEROME LOUIS FRIEMEL			2. DATE OF DEATH (ACTUAL OR PRESUMED) (mm-dd-yyyy) AUGUST 20, 2016		
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) DECEMBER 9, 1932	5. AGE-Last Birthday (Years) 83	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State of Foreign Country) DAWN, TX
7. SOCIAL SECURITY NUMBER 451-62-0825		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
10a. RESIDENCE STREET ADDRESS 630 WEST RIDGEWOOD ROAD			10b. APT. NO.	10c. CITY OR TOWN GEORGETOWN	
10d. COUNTY WILLIAMSON		10e. STATE TEXAS	10f. ZIP CODE 78633		10g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE HERBERT FRIEMEL			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE JOSEPHINE WIECK		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <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 WILLIAMSON		
15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) GEORGETOWN, 78633		16. FACILITY NAME (If not institution, give street address) 630 WEST RIDGEWOOD ROAD			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED BARRY FRIEMEL - SON			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 630 WEST RIDGEWOOD ROAD, GEORGETOWN, TX 78633		
19. METHOD OF DISPOSITION <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)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ALLYSE F. STILES, BY ELECTRONIC SIGNATURE - 116811		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) COOK-WALDEN LAMAR CREMATORY			23. LOCATION (City/Town, and State) AUSTIN, TX		
24. NAME OF FUNERAL FACILITY 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 TERESA ALBRIGHT, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) AUGUST 22, 2016	29. LICENSE NUMBER H0619	30. TIME OF DEATH (Actual or presumed) 06:33 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) TERESA ALBRIGHT, 800 W. 5TH ST., #201, AUSTIN, TX 78703			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.					
CAUSE OF DEATH 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. ADENOCARCINOMA OF THE PROSTATE WITH METASTASES TO BONE Due to (or as a consequence of):		UNKNOWN	
		b. _____ Due to (or as a consequence of):			
		c. _____ Due to (or as a consequence of):			
		d. _____ Due to (or as a consequence of):			
PART 2 ENTER OTHER CAUSE GIVEN IN PART 1			34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36. MANNER OF DEATH <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			37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. IF FEMALE: <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		39. IF TRANSPORTATION INJURY, SPECIFY: <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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. 01-1651	42b. DATE RECEIVED BY LOCAL REGISTRAR AUGUST 23, 2016	42c. REGISTRAR REGISTRAR - WILLIAMSON COUNTY CLERK, ELECTRONICALLY FILED			
EDR NUMBER 000001964057					

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. 195.186B)



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ISSUED AUG 24 2016

Geraldine R. Harris
 GERALDINE R. HARRIS
 STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE