

# CERTIFICATION OF VITAL RECORD

## City of Tomball TEXAS

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN		2. SEX	3. DATE OF DEATH
Corinne Farrar Ogg		Female	May 2, 2004
4. DATE OF BIRTH	5. AGE (IN YEARS)	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)	7. SOCIAL SECURITY NO.
March 9, 1921	83	Houston, Texas	454-18-2450
8. RACE	9a. WAS THE DECEASED OF HISPANIC ORIGIN?	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEASED EVER IN U.S. ARMED FORCES?
Caucasian	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+)	11		
12. MARITAL STATUS	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	14a. DECEASED'S USUAL OCCUPATION	14b. KIND OF BUSINESS OR INDUSTRY
<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		Homemaker	Own Home
15a. RESIDENCE STREET ADDRESS		15b. CITY OR TOWN	
1221 Graham Room 359		Tomball	
15c. COUNTY	15d. STATE	15e. ZIP CODE	15f. INSIDE CITY LIMITS
Harris	Texas	77375	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
16. FATHER'S NAME		17. MOTHER'S MAIDEN NAME	
Henry Ogg		Bessie E. Campbell	
18. PLACE OF DEATH (CHECK ONLY ONE)			
HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)			
19. COUNTY OF DEATH	20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)	21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address)	
Harris	Tomball	Tomball Regional Hospital	
22. INFORMANT - SIGNATURE & RELATIONSHIP		23. MAILING ADDRESS OF INFORMANT	
Laver Moore Daughter		23 N. Country Gate Conroe, Texas 77384	
24. METHOD OF DISPOSITION	25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)	25b. Section	29. NAME & ADDRESS OF FUNERAL HOME
<input checked="" type="checkbox"/> BURIAL	Field Store Cemetery	Block	Klein Funeral Home
<input type="checkbox"/> CREMATION	26. LOCATION (CITY, STATE)	Lot	1400 W. Main
<input type="checkbox"/> REMOVAL FROM STATE	Field Store, Texas	Space	Tomball, Texas 77375
<input type="checkbox"/> DONATION	27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	Unknown <input type="checkbox"/>	
<input type="checkbox"/> OTHER (SPECIFY)	Shawn McDuffie #10561	28. DATE OF DISPOSITION	
		May 5, 2004	
30. CERTIFIER			
<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.			
<input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.			
<input type="checkbox"/> JUSTICE OF THE PEACE			
31. SIGNATURE & TITLE OF CERTIFIER	32. DATE SIGNED	33. TIME OF DEATH	
Ima Heltha M.D.	05 05 04	7:10 p. M.	
34. PRINTED NAME & ADDRESS OF CERTIFIER			
Ima Heltha 1205 Graham Dr Tomball Tx 77375			
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, CHOK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.			Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
a. Pulmonary Embolism			day
b. Fracture Right hip			days
c. Sarcoma			yr
d. Due to (OR AS A LIKELY CONSEQUENCE OF):			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)			
36a. AUTOPSY?			36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH	38. DID ALCOHOL USE CONTRIBUTE TO DEATH	39. WAS DECEASED PREGNANT	
<input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
40. MANNER OF DEATH	41a. DATE OF INJURY	41b. TIME OF INJURY	41c. INJURY AT WORK
<input checked="" type="checkbox"/> NATURAL			<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> ACCIDENT	41d. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		
<input type="checkbox"/> SUICIDE			
<input type="checkbox"/> HOMICIDE	41e. DESCRIBE HOW INJURY OCCURRED		
<input type="checkbox"/> PENDING INVESTIGATION			
<input type="checkbox"/> COULD NOT BE DETERMINED			
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR	
08-182	May 19, 2004	Debbie K. Owens	

Texas Department of Health - Bureau of Vital Statistics

WARNING  
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV. 9/95

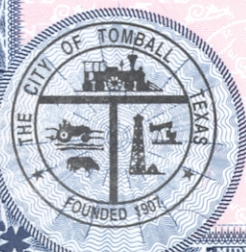
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MAY 20 2004  
DATE ISSUED

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Debbie K. Owens  
CITY OF TOMBALL, TEXAS

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE