

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

COUNTY OF BASTROP

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

105

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) JAN RENO		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) MARCH 1, 2016	
3. SEX FEMALE	4. DATE OF BIRTH (mm-dd-yyyy) MARCH 21, 1931	5. AGE - Last Birthday (Years) 84	6. BIRTHPLACE (City & State or Foreign Country) LONG BEACH, CA
7. SOCIAL SECURITY NUMBER 57-40-2049	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Widowed <input 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) MALABY	
10a. RESIDENCE STREET ADDRESS 1709 GARFIELD ST	10b. APT. NO. BASTROP	10c. CITY OR TOWN BASTROP	10d. ZIP CODE 78602
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE ZACHARY TAYLOR MALABY	12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE EDNA PEARL HOXIE		
13. PLACE OF DEATH (CHECK ONLY ONE) <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 BASTROP			
15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) BASTROP, 78602			
16. FACILITY NAME (If not institution, give street address) 1709 GARFIELD ST			
17. INFORMANTS NAME & RELATIONSHIP TO DECEASED JAMES GREENFIELD - MPOA			
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 1709 GARFIELD ST, BASTROP, TX 78602			
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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 SOPHIA ROSE MAVROUDAS BY ELECTRONIC SIGNATURE, 1234			
21. Section Unknown			
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other, place) TSU FORENSIC ANTHROPOLOGY CNTR			
23. LOCATION (City/Town, and State) SAN MARCOS, TX			
24. NAME OF FUNERAL FACILITY TSU FORENSIC ANTHROPOLOGY CNTR - SAN MARCOS			
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 601 UNIVERSITY DRIVE, SAN MARCOS, TX 78666			
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/Justicer 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 POMPEYO CHAVEZ BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) MARCH 18, 2016	29. LICENSE NUMBER M7794
30. TIME OF DEATH (Actual or presumed) 20:42		32. TITLE OF CERTIFIER MD	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) POMPEYO CHAVEZ 3401 HWY 71 E SUITE 101, BASTROP, TX 78602			
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 a. PANCREATIC CANCER Due to (or as a consequence of): b. Due to (or as a consequence of): c. Due to (or as a consequence of): d.			
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown			
38. IF FEMALE: <input checked="" 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)			
39a. DATE OF INJURY (mm-dd-yyyy) FILED MAR 21 2016			
39b. TIME OF INJURY FILED MAR 21 2016			
39c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) FILED MAR 21 2016			
39d. COUNTY OF INJURY BASTROP COUNTY, TEXAS			
40. LOCATION (Street and Number, City, State, Zip Code) FILED MAR 21 2016			
41. DESCRIBE HOW INJURY OCCURRED FILED MAR 21 2016			
42a. REGISTRAR FILE NO. 01-088			
42b. DATE RECEIVED BY LOCAL REGISTRAR MARCH 21, 2016			
42c. REGISTRAR REGISTRAR - BASTROP COUNTY CLERK, ELECTRONICALLY FILED			
EDR NUMBER: 000001869039			

WARNING