



Report of Death

000002194057

Vital Statistics 25 TAC Sec 181.2(a) "The funeral director, or person acting as such, who assumes custody of a dead body or fetus shall obtain an electronically filed report of death through a Bureau of Vital Statistics system or complete a report of death before transporting the body. The report of death shall within 24 hours be mailed or otherwise transmitted to the local registrar of the district in which the death occurred or in which the body was found. A copy of the completed or electronic filed report of death as prescribed by the Bureau of Vital Statistics shall serve as authority to transport or bury the body or fetus within this state."

Print in dark ink the legal name of the deceased as shown on the Social Security card or birth certificate.

JIMMIE ALLEN DAVIDSON

first middle last suffix AKA maiden

Date of Death 11 / 01 / 2017 Sex Male Date of Birth 12 / 21 / 1963
month day year month day year

Social Security Number 8360 ☐ None ☐ Not Available

Place of Death (check one)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Hospital Inpatient | <input type="checkbox"/> Nursing home/Long term care facility |
| <input type="checkbox"/> Hospital Emergency Room/Outpatient | <input type="checkbox"/> Home of Deceased |
| <input type="checkbox"/> Hospital Dead on Arrival | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Hospice Facility | |

Facility Name (If not institution, give street & number)

SETON MEDICAL CENTER-WILLIAMSON

City, Town, or Precinct Number

ROUND ROCK

County

WILLIAMSON

Local registration office for the area where this death occurred: REGISTRAR - WILLIAMSON COUNTY CLERK

☐ This death may be due to homicide, suicide or accident; or this death occurred without medical attendance.

Check One

This death will be certified by: ☒ Physician ☐ Medical Examiner ☐ Justice of the Peace

Name and address of certifier:

SHANTANU NAIK
1464 E. WHITESTONE BLVD., BLDG 6, STE. 601
CEDAR PARK, TX 78613

Name and address of person making this report (if funeral director list license number and funeral home):

JOE MARTINEZ 114364
HEART OF TEXAS CREMATION & BURIAL SERVICE
12010 HWY 290 WEST
AUSTIN, TX 78737

JOE MARTINEZ - BY ELECTRONIC SIGNATURE

11/7/2017

Signature or electronic verification of person making this report

Date of report

The Report of Death may be mailed, faxed, emailed, electronically registered or conveyed in person. A copy of this document is to accompany the body. This report contains confidential information.

Date /Time Received

Report	
Certificate	
Electronic	

Registrar Use Only

Facts of Death Verification

as they will appear on the Certificate of Death

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)					(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
JIMMIE ALLEN DAVIDSON							NOVEMBER 1, 2017	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR MO DAYS		IF UNDER 1 DAY HOURS MIN		6. BIRTHPLACE (City & State or Foreign Country)	
MALE	DECEMBER 21, 1963	53					AUSTIN, 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)			
[REDACTED]-8360		<input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Unknown						
10a. RESIDENCE STREET ADDRESS					10b. APT. NO.		10c. CITY OR TOWN	
NONE							AUSTIN	
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?		
TRAVIS		TEXAS		UNKNO		<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE				
ROBERT ALLEN DAVIDSON				EDNA CALHOUN				
13. PLACE OF DEATH (CHECK ONLY ONE)								
IF DEATH OCCURRED IN A HOSPITAL:			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:					
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			<input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH			15. CITY/TOWN, ZIP CODE (If outside city limits, give precinct no)			16. FACILITY NAME (If not institution, give street address)		
WILLIAMSON			ROUND ROCK, 78665			SETON MEDICAL CENTER-WILLIAMSON		
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)				
ROBERT DAVIDSON - BROTHER				208 N. GABRIEL ST., LEANDER, TX 78641				
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 checked="" type="checkbox"/> Unknown		
<input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state						Block		
<input type="checkbox"/> Other (Specify)			JOE MARTINEZ ,BY ELECTRONIC SIGNATURE-114364			Lot		
22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place)				23. LOCATION (City/Town, and State)				
HEART OF TEXAS CREMATORY				,TX				
24. NAME OF FUNERAL FACILITY				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City State, Zip Code)				
HEART OF TEXAS CREMATION & BURIAL SERVICE				12010 HWY 290 WEST, AUSTIN, TX 78737				

EDR No. 000002194057

Informant's Signature: _____ Date: _____

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, CHAPTER 195, SEC. 195.003)

ROBERT DAVIDSON - BROTHER

208 N. GABRIEL ST.

LEANDER, TX 78641

(512) 450-4461

davidsonmasonry@icloud.com

2 OTHER SIBLINGS BUT DONT HAVE THEIR CONTACT INFO. JUDGE HUBBS SHOULD HAVE IT.