



Report of Death

00004444427637

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 electronically 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

JOSEPH M. HART TAYLOR

first middle last suffix AKA maiden

Date of Death 02 / 01 / 2019 Sex MALE Date of Birth 12 / 16 / 1962
month day year month day year

Social Security Number [REDACTED] 2 8 7 0 None Not Available

Place of Death (check one)

<input type="checkbox"/> Hospital Inpatient	<input checked="" 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) COTTONWOOD CREEK NURSING & REHABILITATION CENTER	
City, Town, or Precinct Number CEDAR PARK, 78613	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.

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

Name and address of certifier:
Dr. Jose Cardenas
512-368-7275
2400 ROUND ROCK AVENUE
ROUND ROCK, TX 78681

Name and address of person making this report (if funeral director list license number and funeral home):
JENNIFER SKOVIERA 113754
BECK FUNERAL HOME LTD
15709 RANCH ROAD 620
AUSTIN, TX 78717

JENNIFER SKOVIERA- BY ELECTRONIC SIGNATURE **02/06/2019**

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

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

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) JOSEPH M. HART TAYLOR					(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) FEBRUARY 1, 2019			
3. SEX MALE		4. DATE OF BIRTH (mm-dd-yyyy) DECEMBER 16, 1962		5. AGE-Last Birthday (Years) 56		IF UNDER 1 YR Mo Days		IF UNDER 1 DAY Hours Min		6. BIRTHPLACE (City & State or Foreign Country) UNKNOWN
7. SOCIAL SECURITY [REDACTED] 2870		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced (and not remarried) <input type="checkbox"/> Widowed (and not remarried) <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 1500 COTTONWOOD CREEK TRL						10b. APT. NO.		10c. CITY OR TOWN CEDAR PARK		
10d. COUNTY WILLIAMSON			10e. STATE TEXAS			10f. ZIP CODE 78613		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE NOT KNOWN					12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE NOT KNOWN					
13. PLACE OF DEATH (CHECK ONLY ONE)										
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home <input 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) CEDAR PARK, 78613				16. FACILITY NAME (If not institution, give street address) COTTONWOOD CREEK NURSING & REHABILITATION CENTER				
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED BILL GRAVELL - COUNTY JUDGE					18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 710 S. MAIN STREET, GEORGETOWN, TX 78626					
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"/> Mausoleum <input type="checkbox"/> Other (Specify)				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH JENNIFER SKOVIERA, BY ELECTRONIC SIGNATURE - 113754				21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____		
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) BECK CREMATORY					23. LOCATION (City/Town, and State) AUSTIN, TX					
24. NAME OF FUNERAL FACILITY BECK FUNERAL HOME LTD					25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 15709 RANCH ROAD 620, AUSTIN, TX 78717					

EDR No: 000044444427637

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)