STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
Aug 01 2019

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER** 142-19-115123

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)			(Before Marriage)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
PATSY	RUTH	PARKER	HALE		JULY 30, 2019	
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)
FEMALE	FEBRUARY 21, 1936	83					BALLINGER, TX
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH				9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)	
455-56-1285	☐ Married ☒ Widowed (but not remarried) ☐ Divorced (but not remarried) ☐ Never Married ☐ Unknown					
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.		10c. CITY OR TOWN	
800 N. 2ND STREET					BALLINGER	
10d. COUNTY	10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?	
RUNNELS	TEXAS		76821		☒ Yes ☐ No	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE			
STEVE	HALE		ADA	FARLEY		

13. PLACE OF DEATH (CHECK ONLY ONE)

IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

14. COUNTY OF DEATH	15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)	16. FACILITY NAME (If not institution, give street address)
RUNNELS	BALLINGER, 76821	800 N. 2ND STREET

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	18. MAILING ADDRESS OF INFORMANT (Street and Number,City,State,Zip Code)
DIANE CARTER - FRIEND	305 LARGENT, BALLINGER, TX 76821

19. METHOD OF DISPOSITION	20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	21. ☒ Unknown
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Mausoleum ☐ Other (Specify)	LARRY LANGE,BY ELECTRONIC SIGNATURE - 7347	Section / Block / Lot / Space

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	23. LOCATION (City/Town, and State)
OLD RUNNELS CEMETERY	BALLINGER, TX

24. NAME OF FUNERAL FACILITY	25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)
LANGE FUNERAL HOME	1910 HUTCHINGS AVENUE, BALLINGER, TX 76821

26. CERTIFIER (Check only one)
☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Medical Examiner/Justice 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	28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH(Actual or presumed)
BRADLY BUNDRANT , BY ELECTRONIC SIGNATURE	AUGUST 1, 2019	H7275	05:00 PM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code)	32. TITLE OF CERTIFIER
BRADLY BUNDRANT 608 AVE. B, BALLINGER, TX 76821	MD

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, 1999)

CAUSE OF DEATH

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.

		Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition ⟶ resulting in death)	a. METASTATIC SQUAMOUS CELL CARCINOMA FROM SKIN	1 YEAR
Due to (or as a consequence of):		
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	b. NA	NA
Due to (or as a consequence of):		
	c. NA	NA
Due to (or as a consequence of):		
	d. NA	NA

PART 2. ENTER OTHER CAUSE GIVEN IN PART I. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING

HIGH BLOOD PRESSURE, HYPOTHYROIDISM, SLEEP APNEA

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:	39. IF TRANSPORTATION INJURY, SPECIFY:
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined	☐ Yes ☒ No ☐ Previously ☐ Probably ☐ Unknown	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

40a. DATE OF INJURY(mm-dd-yyyy)	40b.TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
		☐ Yes ☐ No	

40e. LOCATION (Street and Number, City,State,Zip Code)	40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR

VS-112 REV 1/2006

EDR NUMBER 000044444538401

QA150006296

JON

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Aug 02 2019

TARA DAS
STATE REGISTRAR

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

Banknote Corporation of America

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE