CERTIFICATION OF VITAL RECORD

City of Beaumont, Texas

STATE OF TEXAS — CERTIFICATE OF DEATH — STATE FILE NUMBER

Texas Department of Health — Bureau of Vital Statistics

1. NAME OF DECEASED (a) FIRST	(b) MIDDLE	(c) LAST	(d) MAIDEN	2. SEX	3. DATE OF DEATH
Josephine	Stevenson		Traina	Female	December 12, 1999

4. DATE OF BIRTH	5. AGE (IN YEARS)	IF UNDER 1 YR. MO / DAYS	IF UNDER 1 DAY HOURS / MIN	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)	7. SOCIAL SECURITY NO.
September 26, 1915	84			Houston, Texas	454-03-5230

8. RACE	9a. WAS THE DECEDENT OF HISPANIC ORIGIN?	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEDENT EVER IN U.S. ARMED FORCES?	11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED. ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+))
Caucasian	☐ YES ☒ NO		☐ YES ☒ NO	5

12. MARITAL STATUS	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	14a. DECEDENT'S USUAL OCCUPATION	14b. KIND OF BUSINESS OR INDUSTRY
☐ MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED		Homemaker	Own Home

15a. RESIDENCE STREET ADDRESS	15b. CITY OR TOWN
4650 Collier Street #178	Beaumont

15c. COUNTY	15d. STATE	15e. ZIP CODE	15f. INSIDE CITY LIMITS
Jefferson	Texas	77706	☒ YES ☐ NO

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME
Charles Traina	Johanna Medina

18. PLACE OF DEATH (CHECK ONLY ONE)

HOSPITAL: ☐ INPATIENT ☐ ER/OUTPATIENT ☐ DOA OTHER: ☐ NURSING HOME ☒ RESIDENCE ☐ 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)
Jefferson	Beaumont	4650 Collier Street #178

22. INFORMANT — SIGNATURE & RELATIONSHIP	23. MAILING ADDRESS OF INFORMANT
Johanna Bates Daughter	5130 Cambridge Beaumont, Texas 77707

24. METHOD OF DISPOSITION	25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)	25b. Section / Block / Lot / Space / Unknown	29. NAME & ADDRESS OF FUNERAL HOME
☐ BURIAL ☐ CREMATION ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTHER (SPECIFY) Entombment	Memorial Mission Mausoleum	266 / B	Forest Park Westheimer 12800 Westheimer Road Houston, Texas 77077
	26. LOCATION (CITY, STATE) Houston, Texas		
	27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 6670	28. DATE OF DISPOSITION 12/14/99	

30. CERTIFIER

☐ CERTIFYING PHYSICIAN ☐ MEDICAL EXAMINER ☒ JUSTICE OF THE PEACE

TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED 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.

31. SIGNATURE & TITLE OF CERTIFIER	32. DATE SIGNED (MO / DAY / YEAR)	33. TIME OF DEATH
Kenneth W. Dollinger ,J.P.	12 / 16 / 99	8:57 A. M.

34. PRINTED NAME & ADDRESS OF CERTIFIER: Judge Ken Dollinger 1001 Pearl St. Beaumont, Texas 77701

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)

CAUSE OF DEATH

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, SHOCK, 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. Respiratory arrest

DUE TO (OR AS A LIKELY CONSEQUENCE OF)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

b. Chronic Obstructive Pulmonary Disease

DUE TO (OR AS A LIKELY CONSEQUENCE OF)

c.

DUE TO (OR AS A LIKELY CONSEQUENCE OF)

d.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.)

36a. AUTOPSY?	36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
☐ YES ☒ NO	☐ YES ☐ NO

37. DID TOBACCO USE CONTRIBUTE TO DEATH	38. DID ALCOHOL USE CONTRIBUTE TO DEATH	39. WAS DECEDENT PREGNANT
☐ YES ☐ PROBABLY ☐ NO ☒ UNKNOWN	☐ YES ☐ PROBABLY ☒ NO ☐ UNKNOWN	AT TIME OF DEATH ☐ YES ☒ NO ☐ UNK WITHIN LAST 12 MO ☐ YES ☒ NO ☐ UNK

40. MANNER OF DEATH	41a. DATE OF INJURY	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)
☒ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED		M.	☐ YES ☐ NO	

41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)

41f. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR
02-1718	December 16, 1999	Geraldine Beckett

VS-112 REV. 9/95

HF56605

CERTIFIED COPY OF VITAL RECORDS

STATE OF TEXAS
COUNTY OF JEFFERSON

DATE ISSUED 12/16/99

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of the Civil Statutes of Texas.

Geraldine Beckett
Registrar/Deputy Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

CITY OF BEAUMONT TEXAS

CITY OF BEAUMONT PUBLIC HEALTH