## DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

STATE OF TEXAS		CERTIFICAT (First, Middle, Last)	E OF DEA			FILE NU			2-09-05		
DORIS HAYES AKA SADI		CLEGG			05/14/2009						
	(Years)			Mo Days	Hours Min			6. BIRTHPLACE (City & Stale or Foreign Cour			
7. SOCIAL SECURITY NUMBER	)9/18/1924  8. MA	8 RITAL STATUS AT TI	ME OF DEATH	Married	9. SUR	VIVING SPOU	TY SE'S NAME	LER COUNTY (If wife, give t	NTY, TX name prior to first m	erriege)	
464-20-0234	⊠∨	Vidowed 🔲 Divorça	d 🔲 Never Ma	=======================================						,	
10a. RESIDENCE STREET ADDRE	ESS				10b.	APT, NO.	10c, CITY (	OR TOWN		;	
1006 PAMPA ROAD					1	1	PASADE	ENA			
10d. COUNTY	106	. STATE		11	or, zip co	DE		, INSIDE CIT	Y LIMITS?		
HARRIS	TE	EXAS			77504			⊠ Yes	□ No		
11. FATHER'S NAME			12. M	OTHER'S NAME PRIC	R TO FIR	ST MARRIAGE					
JAMES MILTON CLEGG				RTLE RILEY EATH (CHECK ONLY	0110						
IF DEATH OCCURRED IN A HOSP		IF DEATH OCCURRE	ED SOMEWHERE	OTHER THAN A HO	SPITAL:						
Inpatient SER/Outpatien  14. COUNTY OF DEATH		Hospice Facility OWN, ZP (1FOUTS		me Decedent's				diam when also	-t caldenan		
THE OBSAIT OF BEATIN	10. 011 12.	.044(, 2.1 (11 00)	JIDE OF IT ENVIOLE	, GIVE THEOMOTING	1		•		ND HEALTHCA	8F	
HARRIS 17. INFORMANTS NAME & RELAT		TER, 77598	18 MARINE	ADDRESS OF INFOR	CEN	ITER L P			15.110/1		
TITLIN ON WANT STANKE & NEEDS	TIGHGI III TO DIZOIZI	NGED	IV. MIAILING	. ABBRESS OF INFOR	manal (c)	leaf Sile Manie	о,оку,оки	azah coorri	,		
JAMES HAYES - SON		20 81	404 OXF	ORD, HOUSTON	I, TX 770	007	nip idenen	M T			
19. METHOD OF DISPOSITION   Serial Cremelic	on 🗆 0	lonation 20, SI ACTIN	GNATURE AND NG AS SUCH	повиов иливек О	FFUNERA	LUIREUTUR	ok penso	N 21.		Unkno	
	Removal from state							Section	LAST SUPPER		
Other (Specify)	#			R ,BY ELECTRO		GNATURE	- 9551	Block			
22. PLACE OF DISPOSITION (Nam	ne of cemalery, crams	atory, other place)	23. LC	CATION (City/Town, a	and State)			Lot	778		
GRAND VIEW MEMORIAL PARK				ADENA, TX			<u> </u>	Space	2		
24. NAME OF FUNERAL FACILITY				MPLETE ADDRESS	JF FUN <b>E</b> R	AL FACILITY (	Street and h	lumber, City, I	Slate, Zip Code)		
GRAND VIEW FUNERAL 1 26. CERTIFIER (Check only one)	HOME		8501	SPENCER HIG	HWAY,	PASADEN/	\ <u>, TX 778</u>	05			
Certifying physician-To the best of m											
Medical Examinar/Justice of the Peel 27.SIGNATURE OF CERTIFIER	ice - On the basis of exa	minulion, and/or fivestige	tion, in my optnion,	death occurred at the firm TE CERTIFIED (Mo/O	e,date and p	lace, and due to	the cause(s)		ited. F OEATH(Actual or	Dreamy	
				,	. ,		-		\ .		
FOLASADE OJO, BY ELECTRONIC SIGNATURE.  31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Co.											
31, PRINTED NAME, ADDRESS OF	F CERTIFIER (Street	and Number, City,Slate	e,Zip Code)	05/20/2009		L3415		32, TITL	02:25 AM E OF CERTIFIER		
31, PRINTED NAME, ADDRESS OF	F CERTIFIER (Street	and Number, City,Slate		05/20/2009	<del></del>	L3415			E OF CERTIFIER		
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31. PRINTED NAME, ADDRESS OF FOLASADE OJO 711 W. E  33. PART 1. ENTER THE CITAL TERMINAL EVENTS SUCH AS ETIOLOGY, DO NOT ABBREVI IN COMMENT OF THE PROPERTY OF	BAY AREA BLV.  MNOF EVENTS - DIS  SARDIAC AREST.  A. CARDIRE  b. LARYNGI  c.  d.  CARDITONE  TO DEATH?  Yea  No Probably Unknown  40b. TIME OF INJ	AND	X 77598  OR COMPLICATION OF CO	en a consequence of):  as a consequence of):  as a consequence of):  as a consequence of):  iot RESULTING IN T  within past year ime of dealth , but pregnent within 4 , but pregnent 43 days regnent within tho past	HE UNDER	THE DEATH. IT SHOWING  SLYING	34. WAS AT	PHYS ENTER  NAUTOPSY F  Yes  WUTOPSY F  HOTOPSY F  HOTOPSY F  Pacadatrian  Other (Spe  restourant, w	E OF CERTIFIER  ICIAN  Approximate int Conset to death  Conset to death  ENFORMED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	=TO	
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31. PRINTED NAME, ADDRESS OF FOLASADE OJO 711 W. E. 33. PART 1. ENTER THE CLIA TERMINAL EVENTS SUCH AS ETICLOGY. DO NOT ABBREVI MANUAL EVENTS SUCH EVENTS	BAY AREA BLV.  MN OF EVENTS - DIS  CARDIAC AREST.  ATE ENTER ONLY.  a. CARDIRE  b. LARYNGI  c.  d.  37. DID TOBAGGO  TO DEATH?  Yes  No  Probably  Probably  JOHN TIME OF INJ  40b. TIME OF INJ  Tr. City, State, Zip Code	AND	X 77598 R COMPLICATION REST Due to (or  Due to (or  Due to (or  Due to (or  A Not pregnant Not pregnant Not pregnant Unknown if p WORK7 40d, P	en a consequence of):  as a consequence of):  as a consequence of):  as a consequence of):  iot RESULTING IN T  within past year ime of dealth , but pregnent within 4 , but pregnent 43 days regnent within tho past	HE UNDER	THE DEATH. IT SHOWING  SLYING	34. WAS AT	PHYS ENTER  NAUTOPSY F  Yes  WUTOPSY F  HOTOPSY F  HOTOPSY F  Pacadatrian  Other (Spe  restourant, w	E OF CERTIFIER  ICIAN  Approximate int Conset to death  Conset to death  ENFORMED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	= TO	
31. PRINTED NAME, ADDRESS OF FOLASADE OJO 711 W. I. 33. PART 1. ENTER THE CILA TERMINAL EVENTS SUCH AS ETICLOGY. DO NOT ABBREVI MANUAL EVENTS SUCH EVENTS	BAY AREA BLV.  MN OF EVENTS - DIS  CARDIAC AREST.  ATE ENTER ONLY.  a. CARDIRE  b. LARYNGI  c.  d.  37. DID TOBAGGO  TO DEATH?  Yes  No  Probably  Probably  JOHN TIME OF INJ  40b. TIME OF INJ  Tr. City, State, Zip Code	AND NUMBER, CITY, STATE AND THE SEASES, INJURIES, O'RESPIRATORY ARIONE CAUSE ON EACH SEPIRATORY ARIONE CAUSE ON EACH SEAL CANCER  EAL CANCER  USE CONTRIBUTING TO USE CONTRIBUTING TO USE CONTRIBUTING TO USE CONTRIBUTE  URY 40C. INJURY AT	X 77598 SR COMPLICATION SR COMPLICATION SR COMPLICATION REST Due to (or  Due t	ons - THAT DIRECTL CULAR FIBRILLATIO as a consequence of) and a consequence of) and a consequence of)	HE UNDER	THE DEATH. IT SHOWING TENTING	34. WAS AT A STATE OF THE STATE	PHYS  N AUTOPSY F  Yes   WUTOPSY F  THE CAUSE  Procedury  Procedury  Other (Special Control of the Control of t	E OF CERTIFIER  ICIAN  Approximate int Conset to deeth  Conset to deeth  ENFORMED?  NO  NO  TOTAL  T	= TO	

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MAY 28 2009

GERALDINE R. HARRIS STATE REGISTRAR ARU

