

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS
SAN ANTONIO METROPOLITAN HEALTH DISTRICT

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 990116

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN Jean C. Weymouth Cragin			2. SEX Female		3. DATE OF DEATH January 19, 1999		
4. DATE OF BIRTH June 17, 1926		5. AGE (IN YEARS) 72		6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Arlington, Massachusetts		7. SOCIAL SECURITY NO. 042-20-4467	
8. RACE Caucasian		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (10-12) COLLEGE (13-16, 17+) 17+		12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Gordon H. Weymouth		14a. DECEDENT'S USUAL OCCUPATION Teacher	
14b. KIND OF BUSINESS OR INDUSTRY Elementary School		15a. RESIDENCE STREET ADDRESS 50 Scenic Drive		15b. CITY OR TOWN Gilford		15c. COUNTY Belknap	
15d. STATE New Hampshire		15e. ZIP CODE 03246		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. FATHER'S NAME John Q. Cragin, Sr.	
17. MOTHER'S MAIDEN NAME Persis E. Mitchell		18. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)		19. COUNTY OF DEATH Bexar		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) San Antonio	
21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) Southwest Texas Methodist Hospital		22. INFORMANT - SIGNATURE & RELATIONSHIP Gordon H. Weymouth - Husband		23. MAILING ADDRESS OF INFORMANT 50 Scenic Dr.-G-3 Gilford, N.H. 03246		24. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)	
25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Texas, Inc. Crematory Associates of		25b. LOCATION (CITY, STATE) San Antonio, Texas		25c. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Walter Willette</i>		25d. DATE OF DISPOSITION 1-21-1999	
26. LOCATION (CITY, STATE) San Antonio, Texas		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Walter Willette</i>		28. DATE OF DISPOSITION 1-21-1999		29. NAME & ADDRESS OF FUNERAL HOME American Mortuary 810 West Ave. San Antonio, Texas 78201	
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER 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. <input type="checkbox"/> JUSTICE OF THE PEACE		31. SIGNATURE & TITLE OF CERTIFIER <i>Warren F. Neely</i> M.D.		32. DATE SIGNED MO 1 DAY 21 YEAR 99		33. TIME OF DEATH 5:35 P. M.	
34. PRINTED NAME & ADDRESS OF CERTIFIER Warren F. Neely 4410 Medical Drive-Suite 600 San Antonio, Texas 78229		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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Cardiac Arrest</i> DUE TO (OR AS A LIKELY CONSEQUENCE OF): b. <i>Respiration Arrest</i> DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. <i>Intracerebral Hematoma</i> DUE TO (OR AS A LIKELY CONSEQUENCE OF): d. Approximate Interval Between Onset and Death		36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	
41a. DATE OF INJURY		41b. TIME OF INJURY M.		41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)	
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		41f. DESCRIBE HOW INJURY OCCURRED		42a. REGISTRAR FILE NO. 02 00435		42b. DATE RECEIVED BY LOCAL REGISTRAR JAN 26 1999	
42c. SIGNATURE OF LOCAL REGISTRAR <i>Fernando Q. Flores</i>		42d. SIGNATURE OF LOCAL REGISTRAR <i>Fernando Q. Flores</i>		42e. SIGNATURE OF LOCAL REGISTRAR <i>Fernando Q. Flores</i>		42f. SIGNATURE OF LOCAL REGISTRAR <i>Fernando Q. Flores</i>	

Texas Department of Health - Bureau of Vital Statistics
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)

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CERTIFIED COPY
THIS IS A CERTIFIED TRUE AND EXACT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

DATE ISSUED: JAN 27 1999
FERNANDO Q. FLORES
Registral

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