

## CERTIFICATION OF VITAL RECORD

CITY OF DALLAS, TEXAS  
VITAL STATISTICS DIVISION

## STATE OF TEXAS

## CERTIFICATE OF DEATH

## STATE FILE NUMBER

1. NAME OF DECEASED		(a) FIRST Raymond	(b) MIDDLE Bernard	(c) LAST Kuefler	(d) MAIDEN	2. SEX Male	3. DATE OF DEATH 07-21-2000
4. DATE OF BIRTH March 21, 1921		5. AGE (IN YEARS) 79	IF UNDER 1 YR. MO	IF UNDER 1 DAY DAYS	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Lake George, Minnesota	7. SOCIAL SECURITY NO. 351-03-0935	
8. RACE white		9a. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+)	19	
12. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) June G. Goergen	14a. DECEASED'S USUAL OCCUPATION Draftsman	14b. KIND OF BUSINESS OR INDUSTRY Construction		
15a. RESIDENCE STREET ADDRESS #3 Brisa Place					15b. CITY OR TOWN Hot Springs Village		
15c. COUNTY Garland		15d. STATE Arkansas	15e. ZIP CODE 71909	15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
16. FATHER'S NAME Mathias Kuefler		17. MOTHER'S MAIDEN NAME Anna Berens					
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 Dallas		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Dallas		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) Parkland Memorial Hospital			
22. INFORMANT — SIGNATURE & RELATIONSHIP June G. Kuefler (wife)					23. MAILING ADDRESS OF INFORMANT #3 Brisa Place, Hot Springs Village, AR 71909		
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, CREMATORIUM OR OTHER PLACE) Martin Oaks Crematory	25b. Section Block Lot Space Unknown <input checked="" type="checkbox"/>	29. NAME & ADDRESS OF FUNERAL HOME Donnelly's Colonial Funeral Home 606 West Airport Freeway Irving, Texas 75062			
26. LOCATION (CITY, STATE) Lewisville, Texas		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Kathy Elamay #6979	28. DATE OF DISPOSITION July 25, 2000				
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 <input type="checkbox"/> JUSTICE OF THE PEACE } 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 Rhoda Brosnan, MD		32. DATE SIGNED 07 25 2000	33. TIME OF DEATH 2:45 P M.				
34. PRINTED NAME & ADDRESS OF CERTIFIER Rhoda Brosnan, MD 5201 Harry Hines Blvd. Dallas, TX 75235							
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. <u>Central Nervous System Hemorrhage</u> DUE TO (OR AS A LIKELY CONSEQUENCE OF):			Approximate Interval Between Onset and Death 1 day		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		b. <u>Atrial Fibrillation</u> DUE TO (OR AS A LIKELY CONSEQUENCE OF):					
		c. <u></u> DUE TO (OR AS A LIKELY CONSEQUENCE OF):					
		d. <u></u> DUE TO (OR AS A LIKELY CONSEQUENCE OF):					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)		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 checked="" type="checkbox"/> NO		
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN			39. WAS DECEASED PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input 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 M.	41b. TIME OF INJURY	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. 02-05647		42b. DATE RECEIVED BY LOCAL REGISTRAR JUL 26 2000	42c. SIGNATURE OF LOCAL REGISTRAR Lynda J. Humphrey				

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)

VS-112 REV. 9/95

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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 Sec. 191.051, Health and Safety Code.

ISSUED JUL 27 2000

Lynda J. Humphrey  
Lynda J. Humphrey, Registrar  
Bureau of Vital Statistics  
City of Dallas, Texas

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American Bank Note Company

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