

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 (b) MIDDLE (c) LAST			(d) MAIDEN		2. SEX	3. DATE OF DEATH
Raymond Bernard Kuefler					Male	07-21-2000
4. DATE OF BIRTH	5. AGE (IN YEARS)	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)		7. SOCIAL SECURITY NO.		
March 21, 1921	79	Lake George, Minnesota		351-03-0935		
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+))
white	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		19
12. MARITAL STATUS		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		14a. DECEDENT'S USUAL OCCUPATION		14b. KIND OF BUSINESS OR INDUSTRY
<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		June G. Goergen		Draftsman		Construction
15a. RESIDENCE STREET ADDRESS				15b. CITY OR TOWN		
#3 Brisa Place				Hot Springs Village		
15c. COUNTY		15d. STATE		15e. ZIP CODE		15f. INSIDE CITY LIMITS
Garland		Arkansas		71909		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
16. FATHER'S NAME			17. MOTHER'S MAIDEN NAME			
Mathias Kuefler			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		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address)		
Dallas		Dallas		Parkland Memorial Hospital		
22. INFORMANT — SIGNATURE & RELATIONSHIP				23. MAILING ADDRESS OF INFORMANT		
June G. Kuefler (wife)				#3 Brisa Place, Hot Springs Village, AR 71909		
24. METHOD OF DISPOSITION		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)		25b. Section		29. NAME & ADDRESS OF FUNERAL HOME
<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		Martin Oaks Crematory		Block		
		26. LOCATION (CITY, STATE)		Lot		
		Lewisville, Texas		Space		
		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		28. DATE OF DISPOSITION		
		<i>Kristen Elamy</i> #6979		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 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				32. DATE SIGNED		33. TIME OF DEATH
<i>Rhoda Brosnan, MD</i>				MO DAY YEAR 07 25 2000		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. <i>Central Nervous System Hemorrhage</i>				Approximate Interval Between Onset and Death <i>1 day</i>
		b. <i>Atrial Fibrillation</i>				
		c. _____				
		d. _____				
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		38. DID ALCOHOL USE CONTRIBUTE TO DEATH		39. WAS DECEDENT PREGNANT		
<input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		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		41a. DATE OF INJURY		41b. TIME OF INJURY		41c. INJURY AT WORK
<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						<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.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. SIGNATURE OF LOCAL REGISTRAR		
02-05647		JUL 26 2000		<i>Lynda J. Humphrey</i>		

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)

SF461187

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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