

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Mar 29 2021

Mar 29 2021
STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-21-064111

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)			
DAVID E. ANDERSON AKA DAVE ANDERSON				MARCH 22, 2021			
3. SEX		4. DATE OF BIRTH (mm-dd-yyyy)		5. AGE Last Birthday (Years)		6. BIRTHPLACE (City & State or Foreign Country)	
MALE		FEBRUARY 12, 1936		85		CHICAGO, IL	
7. SOCIAL SECURITY NUMBER				8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)	
393-30-4912				☒ Married ☐ Widowed (but not remarried) ☐ Divorced (but not remarried) ☐ Never Married ☐ Unknown		ROSE R. MORMENA	
10a. RESIDENCE STREET ADDRESS						10b. APT. NO.	
6846 MOUNTAIN SPRING ST						10c. CITY OR TOWN	
						SAN ANTONIO	
10d. COUNTY				10e. STATE		10f. ZIP CODE	
BEXAR				TEXAS		78249	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE				12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE			
ESMOND GEORGE ANDERSON				VERNA RUTH GIESER			
13. PLACE OF DEATH (CHECK ONLY ONE)							
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)							
14. COUNTY OF DEATH				15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)		16. FACILITY NAME (If not institution, give street address)	
BEXAR				SAN ANTONIO, 78240		MESA VISTA INN CARE CENTER	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
ROSE ANDERSON - SPOUSE				6846 MOUNTAIN SPRING ST, SAN ANTONIO, TX 78249			
19. METHOD OF DISPOSITION				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. ☒ Unknown	
☐ Burial ☐ Cremation ☒ Donation ☐ Entombment ☐ Removal from state ☐ Mausoleum ☐ Other (Specify)				EPHRAIM SAENZ, BY ELECTRONIC SIGNATURE - 10040		Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)				23. LOCATION (City/Town, and State)			
UT HEALTH SCIENCE CENTER				SAN ANTONIO, TX			
24. NAME OF FUNERAL FACILITY				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
OLINGER-SAEZ MORTUARY SERVICE				6614 S FLORES STREET, SAN ANTONIO, TX 78214-2630			
26. CERTIFIER (Check only one)							
☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.							
27. SIGNATURE OF CERTIFIER				28. DATE CERTIFIED (mm-dd-yyyy)		29. LICENSE NUMBER	
JESUS LOPEZ, BY ELECTRONIC SIGNATURE				MARCH 28, 2021		L1649	
30. TIME OF DEATH (Actual or presumed)						31. TITLE OF CERTIFIER	
11:18 PM						MD	
32. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)						33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.	
JESUS LOPEZ 601 LABOR, SAN ANTONIO, TX 78210						IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MYOCARDIAL RUPTURED Due to (or as a consequence of): b. MYOCARDIAL INFARCTION Due to (or as a consequence of): c. HYPERTENSION Due to (or as a consequence of): d.	
34. WAS AN AUTOPSY PERFORMED?						35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
☐ Yes ☒ No ☐ Yes ☐ No						Approximate interval Onset to death MINUTES MINUTES MONTHS	
36. MANNER OF DEATH				37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:	
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined				☐ Yes ☐ No ☐ Previously ☐ Probably ☒ Unknown		☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY:							
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)							
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
				☐ Yes ☐ No			
40e. LOCATION (Street and Number, City, State, Zip Code)						40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR			
02005415		MARCH 29, 2021					

MIC



This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Apr 13 2021

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE