

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

FILE NO.: 099627-1952

NAME: MICHAEL RICHARD PROCTOR

DATE OF BIRTH: 07/10/1952

SEX: MALE

PLACE OF BIRTH: COLEMAN COUNTY, TEXAS

FATHER: BILLIE RICHARD PROCTOR

MOTHER: SANDRA HAMILTON

DATE FILED: 08/09/1952



001037450

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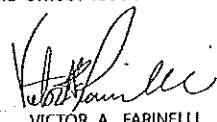
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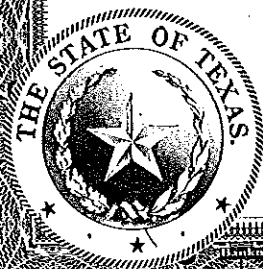
01/04/2017

ISSUED

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


VICTOR A. FARINELLI
ACTING STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

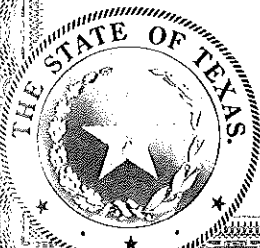
142-15-075428

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		2. DATE OF DEATH (Actual or Presumed)	
MICHAEL RICHARD PROCTOR		MAY 20, 2015	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)
MALE	JULY 10, 1952	62	COLEMAN, TX
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
458-94-3217	☐ Widowed ☐ Divorced ☐ Never Married ☒ Married ☐ Unknown		CATHIE WILKINS
10a. RESIDENCE STREET ADDRESS		10b. APT. NO.	10c. CITY OR TOWN
4708 ST. ANDREWS DRIVE			BAYTOWN
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?
HARRIS	TEXAS	77521	☒ Yes ☐ No
11. FATHER'S NAME		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE	
BILLIE PROCTOR		SANDRA HAMILTON	
13. PLACE OF DEATH (CHECK ONLY ONE)			
☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)			
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct no.)	
HARRIS		HOUSTON, 77030	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED		16. FACILITY NAME (If not institution, give street address)	
CATHIE PROCTOR - WIFE		HOUSTON METHODIST HOSPITAL	
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)		TODD OUBRE, BY ELECTRONIC SIGNATURE - 9240 ☒ Unknown	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)	
ROSEWOOD CREMATORY		HUMBLE, TX	
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
NAVARRE FUNERAL HOME, INC.		2444 ROLLINGBROOK DR., BAYTOWN, TX 77521	
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
AMIN H KARIM, BY ELECTRONIC SIGNATURE		MAY 22, 2015	G0622
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		30. TIME OF DEATH (Actual or presumed)	
AMIN H KARIM 10021 MAIN STREET, SUITE B-1, HOUSTON, TX 77025-5253		12:25 PM	
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.		34. WAS AN AUTOPSY PERFORMED?	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUTE MYOCARDIAL INFARCTION Due to (or as a consequence of): b. CORONARY ARTERY DISEASE Due to (or as a consequence of): c. Due to (or as a consequence of): d.		☐ Yes ☒ No 35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No	
33. PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1		36. IF TRANSPORTATION INJURY, SPECIFY:	
RESPIRATORY FAILURE		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)	
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 ☐ 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	
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	
0208719	MAY 27, 2015	REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 191.051, 1988)

VS-112 REV 1/2006

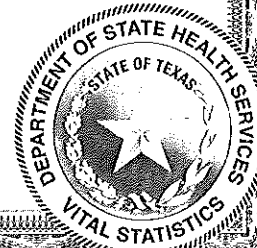


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ISSUED MAY 28 2015

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

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF HEALTH
REC'D AUG 14 1978
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH NO.

142-78-098891

STATE OF TEXAS

1. PLACE OF BIRTH a. COUNTY Bell		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Texas b. COUNTY McLennan	
b. CITY OR TOWN (If outside city limits, give precinct no.) Temple		c. CITY OR TOWN (If outside city limits, give precinct no.) Moody ZIP CODE 76557	
c. NAME OF HOSPITAL OR INSTITUTION Scott and White Hospital		d. STREET ADDRESS (If rural, give location) P.O. Box 382	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES ☒ NO ☐		e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐ f. IS RESIDENCE ON A FARM? YES ☐ NO ☒	
3. NAME [Type or Print] [a] First [b] Middle [c] Last	Nancy Rochelle Proctor		4. DATE OF BIRTH 6/22/78
	5. SEX Female		6a. THIS BIRTH SINGLE ☒ TWIN ☐ TRIPLET ☐
7. NAME [a] First [b] Middle [c] Last	Michael Richard Proctor		8. COLOR OR RACE Caucasian
	9. AGE [At time of this birth] 25 YEARS		10. BIRTHPLACE [State or foreign country] Texas
12. MAIDEN NAME [a] First [b] Middle [c] Last	Nancy Elaine Powell		11a. USUAL OCCUPATION Teacher
	14. AGE [At time of this birth] 20 YEARS		15. BIRTHPLACE [State or foreign country] Texas
17. INFORMANT Elaine Proctor		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 0 b. How many OTHER children were born alive but are now dead? 0 c. How many children were born dead [fatal deaths after 20 weeks pregnancy]? 0	
18. I hereby certify that this child was born alive on the date stated above at 4:01 P.M.		19a. ATTENDANT'S SIGNATURE <i>[Signature]</i> 19b. ATTENDANT AT BIRTH M.D. ☒ D.O. ☐ MIDWIFE ☐ OTHER ☐ 19c. ATTENDANT'S ADDRESS Dr. A.O. Jensen Scott and White-Temple, Texas 19d. DATE SIGNED 6/22/78	
20a. REGISTRAR'S FILE NO. 886		20b. DATE REC'D BY LOCAL REGISTRAR 7-7-78 20c. REGISTRAR'S SIGNATURE <i>[Signature]</i>	



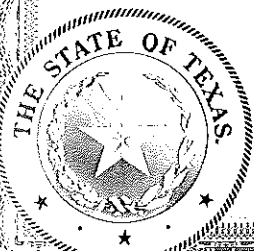
Q A 1 0 2 1 5 2 2 4

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ISSUED FEB 07 2017

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[Signature]
VICTOR A. FARINELLI
ACTING STATE REGISTRAR



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CERTIFICATION OF VITAL RECORD

City of Bryan, Texas

FILE NO.: 055520-1956

NAME: MARSHELL CARL BRADLEY

DATE OF BIRTH: 03-07-1956

SEX: MALE

PLACE OF BIRTH: WICHITA COUNTY, TEXAS

FATHER: RANDELL LEE BRADLEY

MOTHER: MARGARET MARIE SUMM

DATE FILED: 03-23-1956

42735

I hereby certify that this abstract of birth facts has been provided to this office by the Texas Department of State Health Services, Vital Statistics Unit, from a document officially in its custody.

DATE ISSUED:

05-22-2017

Mary Lynne Stratta
Registrar
BUREAU OF VITAL STATISTICS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MARRIAGE LICENSE



The State of Texas

County of Harris

To any regularly licensed or ordained Christian minister or priest; Jewish rabbi; person who is an officer of a religious organization and who is authorized by the organization to conduct a marriage ceremony; justice of the supreme court, judge of the court of criminal appeals, justice of the courts of appeals, judge of the district, county, and probate courts, judge of the county courts at law, judge of the courts of domestic relations, judge of the juvenile courts, retired justice or judge of those courts, justice of the peace, retired justice of the peace, or judge or magistrate of a federal court of this state.

Greeting:

You are hereby authorized to conduct the Rites of Matrimony between

MARSHELL CARL BRADLEY

AND

NANCY ROCHELLE PROCTOR

DATE OF BIRTH: 03-07-1956

DATE OF BIRTH: 06-22-1978

and make due return to the County Clerk of Harris County, Texas, within thirty (30) days of performing the marriage, certifying your action under this license. Witness my official signature and seal of office in Harris County, Texas at 10:56 A.M. ON AUGUST 7, 2001.



Beverly B. Kaufman

County Clerk, Harris County, Texas

Michelle D. Key
MICHELLE D. KEY
Deputy

MR. & MRS. MARSHELL CARL BRADLEY
C/O N ROCHELLE PROCTOR
430 TOFTREES AVE #117
STATE COLLEGE, PA 16803

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH VITAL RECORDS			
Certification of Birth			
DATE OF BIRTH	04-28-2002	FILE NO.	3392520-2002
COUNTY OF BIRTH	CENTRE	DATE FILED	05-02-2002
NAME	NICOLAS PATTON RANDALL BRADLEY	DATE ISSUED	05-06-2002
FATHERS NAME	MARSHALL CARL BRADLEY	SEX	MALE
MOTHERS MAIDEN NAME	NANCY ROCHELLE PROCTOR		

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with Act 68, P.L. 304, approved by the General Assembly, June 29, 1953.

Robert S. Zimmerman, Jr.
Robert S. Zimmerman, Jr., MPH
Secretary of Health

Charles Hardaster
Charles Hardaster
State Registrar

H105.105.1 (REV. 09/00)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH.

EBC

3192177

NICOLAS PATTON RANDALL BRADLEY
C/O 430 TOFTREES AVENUE APT 117
STATE COLLEGE PA 16803

CERTIFICATION OF VITAL RECORD

City of Bryan, Texas

0002A260003

BIRTH NUMBER

122-384

STATE OF TEXAS

CERTIFICATE OF BIRTH

NEWBORN

ATTENDANT/
CERTIFIER

MOTHER

FATHER

REGISTRAR

1. Name First Sophia			Middle Marie			Last Bradley			2. Date of Birth 09/14/2004			3. Sex Female		
4a. Place of Birth - County Brazos				4b. City or Town (If outside city limits, give precinct no.) Bryan				5. Time of Birth 02:42 p.m.		6a. Plurality - Single, Twin, Triplet, etc. Single		6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.		
7a. Place of Birth ☐ Clinic / Doctor's Office ☐ Licensed Birthing Center ☒ Hospital ☐ Residence ☐ Other (Specify):								7b. Name of Hospital or Birthing Center (If Not Institution, Give Street Address) St. Joseph Regional Health Center						
8a. Attendant's Name and Mailing Address Thomas W. Davis Jr M.D. 1600 University Drive East College Station, Texas 77840								9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated. <i>Jennifer Luna</i> Birth Certificate Coordinator 09-17-04 Date Signed						
8b. ☒ MD ☐ DO ☐ CNM ☐ Midwife ☐ Other (Specify):								9b. ☐ Attendant ☒ Facility Administrator / Designee ☐ Other (Specify):						
10. Name First Nancy			Middle Rochelle			Maiden Surname Proctor			11. Date of Birth 06/22/1978			12. Birthplace (State or Foreign Country) Texas		
13a. Residence - State Texas			13b. County Brazos			13c. City or Town Bryan			13d. Street Address or Rural Location 4475 Carter Creek Parkway, #311					
13e. Inside City Limits ☒ Yes ☐ No			14. Mother's Mailing Address (If Same As Residence, Enter Zip Code Only) 77802											
15. Name First Marshall			Middle Carl			Last Bradley			16. Date of Birth 03/07/1956			17. Birthplace (State or Foreign Country) Texas		
18a. Registrar's File Number 11-1744-04			18b. Date Received by Local Registrar SEP 20 2004			18c. Signature of Local Registrar <i>Mary Lynn Stratta</i>								

CONFIDENTIAL INFORMATION FOR MEDICAL AND PUBLIC HEALTH USE - THE FOLLOWING INFORMATION WILL NOT BE SHOWN ON CERTIFIED COPIES

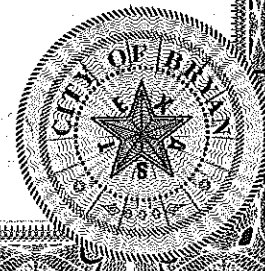
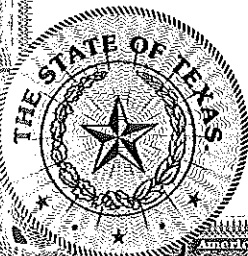
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This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.0511 Health and Safety Code.

DATE ISSUED:

APR 22 2010

Mary Lynn Stratta
Registrar
BUREAU OF VITAL STATISTICS



CERTIFICATION OF VITAL RECORD

City of Bryan, Texas

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NUMBER 135-035

1. Child's Name First: EVA Middle: CHRISTINE Last: BRADLEY Suffix:		2. Date of Birth (mm/dd/yyyy) 05/10/2007		3. Sex FEMALE	
4a. Place of Birth - County BRAZOS		4b. City or Town (If outside city limits, give precinct no.) BRYAN		5. Time of Birth 02:53 PM	
7a. Place of birth ☐ Clinic / Doctor's Office ☐ Licensed Birthing Center ☐ Home Birth (Planned to deliver at home? ☐ Yes ☐ No) ☐ Other (Specify):		7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address) ST JOSEPH REGIONAL HEALTH CENTER			
6a. Plurality - Single, Twin, Triplet, etc. SINGLE		6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.			
6a. Attendant's Name, NPI, and Mailing Address THOMAS W. DAVIS, JR. 1600 UNIVERSITY DRIVE EAST COLLEGE STATION, TEXAS 77840			9a. Certifier I certify that this child was born alive at the place and time and on the date as stated. JULIE ELDRIDGE Signature and Title 05/14/2007 Date Signed		
8b. ☒ MD ☐ DO ☐ CNM ☐ Midwife ☐ Other (Specify):			9b. ☐ Attendant ☒ Facility Administrator / Designee ☐ Other (Specify):		
10. Mother's Name Prior to First Marriage First: NANCY Middle: ROCHELLE Last: PROCTOR			11. Date of Birth (mm/dd/yyyy) 06/22/1978		12. Birthplace (State, Territory or Foreign Country) TEXAS
13a. Residence - State TEXAS		13b. County BRAZOS		13c. City, Town or Location BRYAN	
13d. Street Address or Rural Location 3904 RAVENWOOD DRIVE		14. Mailing Address: ☒ Same As Residence, or:			
13e. Zip Code 77802		13f. Inside City Limits ☒ Yes ☐ No			
15. Father's Name First: MARSHELL Middle: CARL Last: BRADLEY Suffix:			16. Date of Birth (mm/dd/yyyy) 03/07/1956		17. Birthplace (State, Territory or Foreign Country) TEXAS
18a. Local File Number 11-0882		18b. Date Received by Local Registrar 05/24/2007		18c. Signature of Local Registrar Mary Lynn Stratta	

VS-111.3 REV. 01/05 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 \$5,000.

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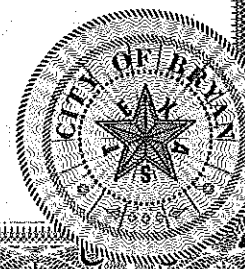
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DATE ISSUED:

APR 20 2012

Mary Lynn Stratta

Registrar
BUREAU OF VITAL STATISTICS



CERTIFICATION OF VITAL RECORD

City of Bryan, Texas

STATE OF TEXAS				CERTIFICATE OF BIRTH		BIRTH NUMBER	
1. Child's Name		First	Middle	Last	Suffix	2. Date of Birth (mm/dd/yyyy)	3. Sex
OLIVIA		ANNE	BRADLEY			05/13/2010	FEMALE
4a. Place of Birth - County		4b. City or Town (if outside city limits, give precinct no.)		5. Time of Birth		6a. Plurality - Single, Twin, Triplet, etc.	6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.
BRAZOS		BRYAN		11:51 PM		SINGLE	
7a. Place of birth ☐ Clinic / Doctor's Office ☐ Licensed Birthing Center ☒ Hospital				7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address)			
☐ Home Birth (Planned to deliver at home? ☐ Yes ☐ No)				ST JOSEPH REGIONAL HEALTH CENTER			
☐ Other (Specify):				9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated.			
8a. Attendant's Name, NPI, and Mailing Address				JULIE ELDRIDGE		05/16/2010	
AMY L. HARRELL				Signature and Title		Date Signed	
1600 UNIVERSITY DRIVE EAST COLLEGE STATION, TEXAS 77845							
8b. ☒ MD ☐ DO ☐ CNM ☐ Midwife ☐ Other (Specify):				9b. ☐ Attendant ☒ Facility Administrator / Designee ☐ Other (Specify):			
10. Mother's Name Prior to First Marriage		First	Middle	Last	11. Date of Birth (mm/dd/yyyy)		12. Birthplace (State, Territory or Foreign Country)
NANCY		ROCHELLE	PROCTOR		06/22/1978		TEXAS
13a. Residence - State		13b. County		13c. City, Town or Location		13d. Street Address or Rural Location	
TEXAS		BRAZOS		BRYAN		3904 RAVENWOOD DR.	
13e. Zip Code		13f. Inside City Limits ☒ Yes ☐ No		14. Mailing Address: ☒ Same As Residence, or:			
77802							
15. Father's Name		First	Middle	Last	Suffix	16. Date of Birth (mm/dd/yyyy)	17. Birthplace (State, Territory or Foreign Country)
MARSHELL		CARL	BRADLEY			03/07/1956	TEXAS
18a. Local File Number		18b. Date Received by Local Registrar		18c. Signature of Local Registrar			
11-0743		05/18/2010		Mary Lynne Stratta			

VS-111.3 REV. 01/05 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 \$5,000.

134340

126782

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DATE ISSUED:

MAY 20 2014

Mary Lynne Stratta
 Registrar
 BUREAU OF VITAL STATISTICS

