STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
SEP 24 2014

STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER** 142-14-129717

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)	(Maiden)	2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy)
SARAH ELIZABETH JENNINGS	JENNINGS	SEPTEMBER 19, 2014

3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo	IF UNDER 1 YR Days	IF UNDER 1 DAY Hours	IF UNDER 1 DAY Min	6. BIRTHPLACE (City & State or Foreign Country)
FEMALE	OCTOBER 12, 1941	72					LULING, 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)
524-58-7450	☐ Married ☐ Widowed ☒ Divorced ☐ Never Married ☐ Unknown	

10a. RESIDENCE STREET ADDRESS	10b. APT. NO.	10c. CITY OR TOWN
2510 SOMERALL		SAN ANTONIO

10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?
BEXAR	TEXAS	78248	☒ Yes ☐ No

11. FATHER'S NAME	12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
JAMES BRUCE JENNINGS	HELEN LESLIE FARIS

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) PERSONAL CARE FACILITY

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	SHAVANO PARK, 78231	96 WINDMILL ROAD

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	18. MAILING ADDRESS OF INFORMANT (Street and Number,City,State,Zip Code)
JOY ADEN GALAVIZ - DAUGHTER	5 INVIEW COVE, SAN ANTONIO, TX 78248

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 ☐ Other (Specify)	VENUS ANDERSON ,BY ELECTRONIC SIGNATURE - 115303	Section Block Lot Space

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	23. LOCATION (City/Town, and State)
SUNSET MEMORIAL PARK CREMATORY	SAN ANTONIO, TX

24. NAME OF FUNERAL FACILITY	25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)
SUNSET NORTH FUNERAL HOME	910 NORTH LOOP 1604 EAST, SAN ANTONIO, TX 78232

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	30. TIME OF DEATH(Actual or presumed)
RUTILO MARTINEZ , BY ELECTRONIC SIGNATURE	SEPTEMBER 19, 2014	K8659	01:28 AM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code)	32. TITLE OF CERTIFIER
RUTILO MARTINEZ 4440 PIEDRAS DRIVE S #125 SAN ANTONIO TX 78228, SAN ANTONIO, TX 78228	MD

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. 195, 1989)

CAUSE OF DEATH

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.

		Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition ------> resulting in death)	a. LYMPHOMA	UNKNOWN
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST	b.	
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	

PART 2. ENTER OTHER CAUSE GIVEN IN PART I. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING

ATRIAL FIBRILLATION; CEREBRAL VASCULAR DISEASE; TRANS CEREBRAL ISCHEMIA; GLAUCOMA, NEUROPATHY; RHEUMATOID ARTHRITIS

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:	39. IF TRANSPORTATION INJURY, SPECIFY:
☒ 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	☐ 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
0209958	SEPTEMBER 24, 2014	REGISTRAR - SAN ANTONIO CITY CLERK, ELECTRONICALLY FILED

EDR NUMBER 000001576512

VS-112 REV 1/2006

QA0498260 09

LHA

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED
SEP 24 2014

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

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

THE STATE OF TEXAS

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