

MEDICAL ABSTRACT OF DEATH CERTIFICATE

STATE OF TEXAS

STATE FILE NUMBER

ENTER NAME OF DECEASED AND PLACE OF DEATH EXACTLY AS SHOWN ON THE ORIGINAL DEATH CERTIFICATE

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)

1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last) ROBERT RAY MIDDLETON		DATE OF DEATH 04/29/2011	
PLACE OF DEATH(CITY OR TOWN AND COUNTY) GALVESTON, GALVESTON		IS THE DATE OF DEATH BEING CORRECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> 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: HAL K HAWKINS	28. DATE CERTIFIED (Mo/Day/Year) 5/4/2011	29. LICENSE NUMBER G6525	30. TIME OF DEATH(Actual or presumed) 19:00 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, state, Zip Code) HAL K HAWKINS 815 MARKET STREET, GALVESTON, TX, 77550			32. TITLE OF CERTIFIER DEPUTY M.E.
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 A LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. SQUAMOUS CELL CARCINOMA OF SKIN INVADING ABDOMINAL CAVITY Due to (or as a consequence of): b. BURNS OVER MORE THAN 95 PERCENT OF BODY SURFACE TREATED WITH CULTURED AUTOGRAFT Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____ 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			Approximate interval Onset to death 2 MONTHS 13 YEARS
PART 2. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART 1. NONE		34. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
36. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (Mo/Day/Yr) 06/28/1998	40b. TIME OF INJURY 05:45 PM	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) WOODS NEAR HOME TOWN
40e. LOCATION (Street and Number, City, State, Zip Code) NONE, CONROE, TX, 77301			40f. COUNTY OF INJURY MONTGOMERY
41. DESCRIBE HOW INJURY OCCURRED BURNED BY OTHER(S) WITH GASOLINE			
42a. REGISTRAR FILE NO.	42b. DATE RECIEVED BY LOCAL REGISTRAR	42c. REGISTRAR REGISTRAR - GALVESTON COUNTY HEALTH DISTRICT	

VS-174 REV 1/2006

DATE 5/4/11
QL11 REV. 11/04

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