

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

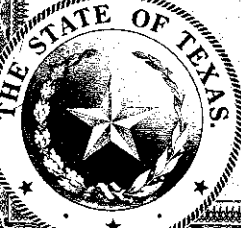
TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
NOV 17 2011
STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER 142-11-142463**

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) NELVA E. BRUNSTING			2. DATE OF DEATH (ACTUAL OR PRESUMED) 11/11/2011		
3. SEX FEMALE			4. DATE OF BIRTH 10/08/1926		
5. AGE (Last Birthday (Years)) 85			6. BIRTHPLACE (City & State or Foreign Country) SHELDON, IA		
7. SOCIAL SECURITY NUMBER 481-30-4685			8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
9. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage) HARRIS			10. CITY OR TOWN HOUSTON		
10a. RESIDENCE STREET ADDRESS 13680 PINEROCK LANE			10b. APT. NO. HOUSTON		
10c. COUNTY HARRIS			10d. STATE TEXAS		
10e. ZIP CODE 77079			10f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. FATHER'S NAME SYLVESTER RENSINK			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE HARRIET KOOLBECK		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH HARRIS					
15. CITY/TOWN, ZIP IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO. 16. FACILITY NAME (if not institution, give street address) HOUSTON, 77055 SELECT SPECIALTY HOSPITAL - HOUSTON WEST					
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED CAROL BRUNSTING - DAUGHTER			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 5822 JASON ST, HOUSTON, TX 77074		
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ARACELI J. GALUNDO BY ELECTRONIC SIGNATURE - 114721		
21. Section 214			21. Block 54		
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) MEMORIAL OAKS CEMETERY			23. LOCATION (City, Town, and State) HOUSTON, TX		
24. NAME OF FUNERAL FACILITY MEMORIAL OAKS FUNERAL HOME			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 15001 KATY FREEWAY, HOUSTON, TX 77079		
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, autopsy, 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 JERSON CADENAS BY ELECTRONIC SIGNATURE			28. DATE CERTIFIED (Mo/Da/Yr) 11/13/2011		
29. LICENSE NUMBER N3531			30. TIME OF DEATH (Actual or presumed) 04:50 PM		
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) JERSON CADENAS 4545 POST OAK PLACE #130, HOUSTON, TX 77027-3133			32. TITLE OF CERTIFIER MD		
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. RESPIRATORY FAILURE Due to (or as a consequence of) b. METASTATIC BILIARY CANCER Due to (or as a consequence of) c. SEVERE PROTEIN CALORIE MALNUTRITION Due to (or as a consequence of) d. SEPTIC SHOCK					
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. ADULT FAILURE TO THRIVE					
36. MANNER OF DEATH <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		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant of term 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/Da/Yr) 11/17/2011			
40b. TIME OF INJURY <input type="checkbox"/> Yes <input type="checkbox"/> No		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City, State, Zip Code)			40f. COUNTY OF INJURY		
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 0217344		42b. DATE RECEIVED BY LOCAL REGISTRAR 11/17/2011		42c. REGISTRAR REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED	

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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, 1989)

VS-112 REV 1/2006



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 NOV 18 2011
Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

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