

1/25/2013

Dear Sirs,

Stephen H. Knowlton passed away on
December 18, 2012. Please put my name,
Patricia J. Knowlton on your records only,

Thank you, attached is his Death Certificate.

Sincerely
Patricia J. Knowlton

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 142-12-167771

1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last)		(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
STEPHEN HOWARD KNOWLTON				FOUND DECEMBER 18, 2012	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE - Last Birthday (Years)	6. UNDER 1 YR Days	7. UNDER 1 DAY Hours	8. BIRTHPLACE (City & State or Foreign Country)
MALE	JANUARY 3, 1939	73	No	Min	EMMETT, ID
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)	
		☒ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown		PATRICIA J. FULGHAM	
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.	10c. CITY OR TOWN	
16421 LAKE LOOP				AUSTIN	
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?		
TRAVIS	TEXAS	78734	☐ Yes ☒ No		
11. FATHER'S NAME		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE			
CECIL HOWARD KNOWLTON		GRACE GARDNER			
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL ☐ 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)		16. FACILITY NAME (if not institution, give street address)	
TRAVIS		PRECINCT 2, 78734		16421 LAKE LOOP	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
PATRICIA J. KNOWLTON - WIFE			16421 LAKE LOOP, AUSTIN, TX 78734		
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. Section	
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)		DEE BESTEIRO, BY ELECTRONIC SIGNATURE - 7817		Block	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)		Specie	
SWEET CEMETERY		SWEET, ID			
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
SUPERIOR MEMORIAL SVC For: POTTER FUNERAL CHAPEL		1916 TILLERY STREET, AUSTIN, TX 78723			
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)	
DAVID DOLINAK, M.D., BY ELECTRONIC SIGNATURE		DECEMBER 19, 2012	K8123	10:27 AM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			32. TITLE OF CERTIFIER		
DAVID DOLINAK, M.D. PO BOX 1748, AUSTIN, TX 78767			CHIEF 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 EACH					
CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) 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	a. HEMOPERICARDIUM Due to (or as a consequence of):				
	b. RUPTURED THORACIC AORTIC DISSECTION Due to (or as a consequence of):				
	c. HYPERTENSIVE CARDIOVASCULAR DISEASE Due to (or as a consequence of):				
	d.				
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	
☒ 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	
39. IF TRANSPORTATION INJURY, SPECIFY		40a. DATE OF INJURY (mm-dd-yyyy)			
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)		40b. TIME OF INJURY			
		40c. INJURY AT WORK? ☐ Yes ☐ 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.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR	
0433912		JANUARY 2, 2013		REGISTRAR - TRAVIS COUNTY - PREC 2, ELECTRONICALLY FILED	
EDR NUMBER 000001246069					

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. 192, 198B)

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

JAN 03 2013

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

Geraldine R. Harris

GERALDINE R. HARRIS
STATE REGISTRAR

