STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

C-1-PB-17-000437

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
FEB 14 2017

STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER** 142-17-019480

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last): KEVIN JOHN ARNAUD
(Maiden):
2. DATE OF DEATH-ACTUAL OR PRESUMED (mm-dd-yyyy): FOUND FEBRUARY 9, 2017
3. SEX: MALE
4. DA[redacted]yyy)
5. AGE-Last Birthday (Years): 59
IF UNDER 1 YR. Mo / Days / IF UNDER 1 DAY Hours / Min
6. BIRTHPLACE (City & State or Foreign Country): ENGLAND
7. SOCIAL SECURITY NUMBER: [redacted]
8. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Widowed ☒ Divorced ☐ Never Married ☐ Unknown
9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marr
10a. RESIDENCE STREET ADDRESS: 3300 KILLINGSWORTH LN. LOT 121
10b. APT. NO.:
10c. CITY OR TOWN: PFLUGERVILLE
10d. COUNTY: TRAVIS
10e. STATE: TEXAS
10f. ZIP CODE: 78660
10g. INSIDE CITY LIMITS? ☒ Yes ☐ No
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE: IRY ARNAUD
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: DAPHNE ROBERTS
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)
14. COUNTY OF DEATH: TRAVIS
15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO): PFLUGERVILLE, 78660
16. FACILITY NAME (If not institution, give street address): 3300 KILLINGSWORTH LANE LOT 121
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: TERESA ARNAUD - DAUGHTER
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code): 807 ISABELLA ST, SULPHUR, LA 70663
19. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☒ Removal from state ☐ Other (Specify)
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GEORGE WHATLEY ,BY ELECTRONIC SIGNATURE - 11476
21. ☒ Unknown
Section
Block
Lot
Space
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): MIMOSA PINES GARDEN OF MEMORIES
23. LOCATION (City/Town, and State): SULPHUR, LA
24. NAME OF FUNERAL FACILITY: BFH For: FOR JOHNSON - ROBISON FUNERAL HOME
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code): 15709 RANCH ROAD 620, AUSTIN, TX 78717
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: SATISH CHUNDRU, D.O. , BY ELECTRONIC SIGNATURE
28. DATE CERTIFIED (mm-dd-yyyy): FEBRUARY 10, 2017
29. LICENSE NUMBER: M9927
30. TIME OF DEATH (Actual or presumed): 12:32 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code): SATISH CHUNDRU, D.O. P.O. BOX 1748, AUSTIN, TX 78767
32. TITLE OF CERTIFIER: DEPUTY CHIEF M.

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. GUNSHOT WOUND OF THE HEAD	SECONDS
	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
34. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☒ Yes ☐ No
36. MANNER OF DEATH: ☐ Natural ☐ Accident ☒ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ No ☐ Probably ☐ Unknown
38. IF FEMALE: ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
40a. DATE OF INJURY (mm-dd-yyyy): UNKNOWN
40b. TIME OF INJURY: UNKNOWN
40c. INJURY AT WORK? ☐ Yes ☒ No
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area): DECEDENTS HOME/OUTSIDE PATIO
40e. LOCATION (Street and Number, City, State, Zip Code): 3300 KILLINGSWORTH LANE LOT NO. 121, PFLUGERVILLE, TX 78660
40f. COUNTY OF INJURY: TRAVIS
41. DESCRIBE HOW INJURY OCCURRED: DECEDENT SHOT HIMSELF WITH A RIFLE
42a. REGISTRAR FILE NO.: 0404717
42b. DATE RECEIVED BY LOCAL REGISTRAR: FEBRUARY 14, 2017
42c. REGISTRAR: REGISTRAR - TRAVIS COUNTY - PREC 2, ELECTRONICALLY FILED

JLF

EDR NUMBER 000002049897

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)

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VS-112 REV 1/2006

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Filed: 3/1/2017 3:42:42 PM
Dana DeBeauvoir
Travis County Clerk

Gloria Cantu

UNOFFICIAL

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ISSUED FEB 14 2017

VICTOR A. FARINELLI
ACTING STATE REGISTRAR

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

THE STATE OF TEXAS

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