STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

C-1-PB-17-000450

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

Filed: 5/25/2017 10:42:01 AM
Dana DeBeauvoir
Travis County Clerk
C-1-PB-17-000450
Guy Dalessio

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
SEP 18 2015

STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER** 142-15-132969

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last): JUANITA MARIA LUNA
(Maiden): BALTIERRA
2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy): SEPTEMBER 10, 2015
3. SEX: FEMALE
4. DATE OF BIRTH (mm-dd-yyyy): [redacted]
5. AGE-Last Birthday (Years): 61
If UNDER 1 YR: Mo / Days
If UNDER 1 DAY: Hours / Min
6. BIRTHPLACE (City & State or Foreign Country): LOCKHART, TX
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 marriage):
10a. RESIDENCE STREET ADDRESS: 10702 CHERRY HOLLOW CROSSING
10b. APT. NO:
10c. CITY OR TOWN: LEANDER
10d. COUNTY: WILLIAMSON
10e. STATE: TEXAS
10f. ZIP CODE: 78641
10g. INSIDE CITY LIMITS: ☒ Yes ☐ No
11. FATHER'S NAME: CASIMIRO BALTIERRA
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: DONACIAN MARIA TORRES
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: HAYS
15. CITY/TOWN (If not inside city limits, give nearest city): SAN MARCOS, 78666
16. NAME OF FACILITY: CENTRAL TEXAS MEDICAL CENTER
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: LUCY AVALOS - SISTER
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code): 10702 CHERRY HOLLOW CROSSING, LEANDER, TX 78641
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: BRYAN DELEON ,BY ELECTRONIC SIGNATURE - 9338
21. ☒ Unknown
Section:
Block:
Lot:
Space:
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): CENTRAL TEXAS CREMATORY
23. LOCATION (City/Town, and State): SAN MARCOS, TX
24. NAME OF FUNERAL FACILITY: DELEON FUNERAL HOME
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code): 110 CEDAR STREET, LOCKHART, TX 78644
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: CHARLES P. ANDERSON , BY ELECTRONIC SIGNATURE
28. DATE CERTIFIED (mm-dd-yyyy): SEPTEMBER 14, 2015
29. LICENSE NUMBER: E1801
30. TIME OF DEATH (Actual or presumed): 12:11 AM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code): CHARLES P. ANDERSON 1400 HWY 123 SOUTH, SAN MARCOS, TX 78666
32. TITLE OF CERTIFIER: MD

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 ACUTE CARDIORESPIRATORY ARREST	15 MIN
	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 ENDSTAGE CHRONIC LIVER DISEASE WITH CIRRHOSIS AND ASCITES	5 YEARS
	Due to (or as a consequence of)	
	c	
	Due to (or as a consequence of)	
	d	

34. 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? ☐ 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):
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: 02-224
42b. DATE RECEIVED BY LOCAL REGISTRAR: SEPTEMBER 18, 2015
42c. REGISTRAR: REGISTRAR - CITY OF SAN MARCOS, ELECTRONICALLY FILED

EDR NUMBER 000001708059

LEE

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)

VS-112 REV 1/2006

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ISSUED
OCT 02 2015

GERALDINE R. HARRIS
STATE REGISTRAR

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

THE STATE OF TEXAS

DEPARTMENT OF STATE HEALTH SERVICES
STATE OF TEXAS
VITAL STATISTICS

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE