

# CERTIFICATION OF VITAL RECORD

## City of Tomball TEXAS

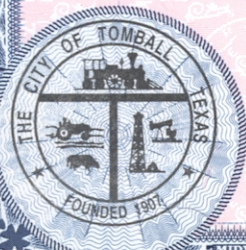
STATE OF TEXAS				CERTIFICATE OF DEATH				STATE FILE NUMBER			
1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN				2. SEX				3. DATE OF DEATH			
Corinne Farrar Ogg				Female				May 2, 2004			
4. DATE OF BIRTH				5. AGE (IN YEARS)				6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)			
March 9, 1921				83				Houston, Texas			
7. SOCIAL SECURITY NO.				8. RACE				9. WAS THE DECEASED OF HISPANIC ORIGIN?			
454-18-2450				Caucasian				NO			
10. WAS DECEASED EVER IN U.S. ARMED FORCES?				11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+)				12. MARITAL STATUS			
NO				11				MARRIED			
13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				14a. DECEASED'S USUAL OCCUPATION				14b. KIND OF BUSINESS OR INDUSTRY			
Bessie E. Campbell				Homemaker				Own Home			
15a. RESIDENCE STREET ADDRESS				15b. CITY OR TOWN				15c. COUNTY			
1221 Graham Room 359				Tomball				Harris			
15d. STATE				15e. ZIP CODE				15f. INSIDE CITY LIMITS			
Texas				77375				YES NO			
16. FATHER'S NAME				17. MOTHER'S MAIDEN NAME				18. PLACE OF DEATH (CHECK ONLY ONE)			
Henry Ogg				Bessie E. Campbell				HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DCA <input type="checkbox"/> OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)			
19. COUNTY OF DEATH				20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)				21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address)			
Harris				Tomball				Tomball Regional Hospital			
22. INFORMANT - SIGNATURE & RELATIONSHIP				23. MAILING ADDRESS OF INFORMANT				24. METHOD OF DISPOSITION			
Laver Moore Daughter				23 N. Country Gate Conroe, Texas 77384				<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)			
25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)				25b. SECTION				29. NAME & ADDRESS OF FUNERAL HOME			
Field Store Cemetery				Block				Klein Funeral Home			
26. LOCATION (CITY, STATE)				Lot				1400 W. Main			
Field Store, Texas				4				Tomball, Texas 77375			
27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH				28. DATE OF DISPOSITION				30. CERTIFIER			
Shawn McDuffie				May 5, 2004				<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.			
31. SIGNATURE & TITLE OF CERTIFIER				32. DATE SIGNED				33. TIME OF DEATH			
Imee Helton M.D.				05 05 04				7:10 p. M.			
34. PRINTED NAME & ADDRESS OF CERTIFIER				35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, CHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.				Approximate Interval Between Onset and Death			
Imee Helton 1205 Graham Dr Tomball Tx 77375				IMMEDIATE CAUSE (Final disease or condition resulting in death)				day			
				a. Pulmonary Embolism				day			
				b. Fracture Right hip				day			
				c. Sarcoma				yrs			
36. AUTOPSY?				36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
YES NO				YES NO							
37. DID TOBACCO USE CONTRIBUTE TO DEATH				38. DID ALCOHOL USE CONTRIBUTE TO DEATH				39. WAS DECEASED PREGNANT			
YES PROBABLY NO UNKNOWN				YES PROBABLY NO UNKNOWN				AT TIME OF DEATH YES NO UNK			
								WITHIN LAST 12 MO YES NO UNK			
40. MANNER OF DEATH				41a. DATE OF INJURY				41b. TIME OF INJURY			
<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											
41c. INJURY AT WORK				41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)							
YES NO											
42a. REGISTRAR FILE NO.				42b. DATE RECEIVED BY LOCAL REGISTRAR				42c. SIGNATURE OF LOCAL REGISTRAR			
08-182				May 19, 2004				Debbie K. Owens			

Texas Department of Health - Bureau of Vital Statistics

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV. 9/95

057276



MAY 20 2004  
DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE REGISTRAR OF VITAL RECORDS, CITY OF TOMBALL, TEXAS.

*Debbie K. Owens*  
CITY OF TOMBALL, TEXAS



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE