

12-3925

# MEDICAL ABSTRACT OF DEATH CERTIFICATE

STATE OF TEXAS

STATE FILE NUMBER

ENTER NAME OF DECEASED AND PLACE OF DEATH EXACTLY AS SHOWN ON THE ORIGINAL DEATH CERTIFICATE

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) <b>JAIME ESTUARDO MELGAR</b>		DATE OF DEATH (mm-dd-yyyy) <b>DECEMBER 23, 2012</b>		
PLACE OF DEATH (CITY OR TOWN AND COUNTY) <b>PRECINCT 4, HARRIS</b>		IS THE DATE OF DEATH BEING CORRECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
26. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> 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: <b>KATHRYN HADEN-PINNERI, M.D.</b>		28. DATE CERTIFIED (mm-dd-yyyy) <b>JANUARY 8, 2013</b>	29. LICENSE NUMBER <b>M1125</b>	
			30. TIME OF DEATH (Actual or presumed) <b>04:47 PM</b>	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, state, Zip Code) <b>KATHRYN HADEN-PINNERI, M.D. 1885 OLD SPANISH TRAIL, HOUSTON, TX, 77054-2098</b>			32. TITLE OF CERTIFIER <b>ASST. MED. EXAM</b>	
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 A LINE.			Approximate interval Onset to death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>MULTIPLE SHARP FORCE INJURIES AND BLUNT FORCE TRAUMA OF HEAD</b> 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):			
PART 2. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART 1.			34. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
36. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time 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 (mm-dd-yyyy) <b>DECEMBER 23, 2012</b>	40b. TIME OF INJURY <b>04:47 PM</b>	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) <b>RESIDENCE</b>	
40e. LOCATION (Street and Number, City, State, Zip Code) <b>9538 KELSEY MEADOWS CT, PRECINCT 4, TX, 77040</b>			40f. COUNTY OF INJURY <b>HARRIS</b>	
41. DESCRIBE HOW INJURY OCCURRED <b>INFLECTED INJURIES</b>				
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR <b>REGISTRAR - CITY OF HOUSTON</b>		

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, 195b)

VS-174 REV 1/2006

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DATE \_\_\_\_\_

QL11 REV. 11/04