

OCT 23 1992

STATE OF TEXAS

BROWN COUNTY CLERK CERTIFICATE OF DEATH

STATE FILE NO.

366

1. NAME OF DECEASED (a) First (b) Middle (c) Last Iola SPENCER			(d) Maiden LANGFORD		2. SEX FEMALE		3. DATE OF DEATH SEPTEMBER 8, 1992						
4. RACE CAUCASIAN		5a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		5b. IF YES, SPECIFY (Mexican, Cuban, Puerto Rican, etc.)		6. DATE OF BIRTH 3/27/1917		7. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Minutes	
8. SOCIAL SECURITY NUMBER 528-09-5366				9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)									
9b. PLACE OF DEATH - COUNTY BROWN				9c. CITY OR TOWN (If outside city limits, give precinct number) BROWNWOOD		9d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 1610 INDIAN CREEK ROAD				9e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
10. BIRTHPLACE (City and State or foreign country) HURLEY, N. M.		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13. <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		14. SURVIVING SPOUSE (If wife, give maiden name)					
15. DECEDENT'S EDUCATION (Highest grade completed) Grades (0-12) College (1-4 or 5+) 2				16a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SECRETARY				16b. KIND OF BUSINESS OR INDUSTRY U.S. GOVERNMENT					
17a. RESIDENCE - STATE TEXAS				17b. COUNTY BROWN		17c. CITY OR TOWN, (If outside city limits, show rural) ZIP CODE BROWNWOOD 76801							
17d. STREET ADDRESS (If rural, give location) 1610 INDIAN CREEK ROAD										17e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
18. FATHER'S NAME ERNEST FOUNTAIN LANGFORD						19. MOTHER'S MAIDEN NAME ZINA CHARLOTTE CHLARSON							
20a. SIGNATURE OF INFORMANT INFORMATION BY TELEPHONE BY F.D.						20b. MAILING ADDRESS OF INFORMANT (Street and Number or Rural Route Number, City or Town, State, Zip Code) LEAVITT'S CHAPEL OF FLOWERS, 836 36th ST, OGDEN, UT							
21. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		22a. DATE OF INJURY (Month, Day, Year)		22b. TIME OF INJURY M.		22c. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		22d. DESCRIBE HOW INJURY OCCURRED 84403					
22e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)						22f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
CERTIFIER To be completed by CERTIFYING PHYSICIAN only		23a. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. (Signature and Title)				To be completed by MEDICAL EXAMINER or Justice of the Peace only		24a. 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 as stated. (Signature and Title) Ronnie Lappe RONNIE LAPPE, JUSTICE OF THE PEACE					
		23b. DATE SIGNED (Mo., Day, Yr.)		23c. HOUR OF DEATH M.				24b. DATE SIGNED (Mo., Day, Yr.) 10/21/92		24c. HOUR OF DEATH unknown M.			
		23d. NAME OF CERTIFYING PHYSICIAN (Type or print)						24d. DECLARED DEAD (Mo., Day, Yr.) ON SEPT. 8, 1992		24e. DECLARED DEAD (Hour) AT 10:30 P M.			
25. MAILING ADDRESS OF CERTIFIER (Type or Print) BROWN COUNTY COURTHOUSE, BROWNWOOD, TEXAS 76801													
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				26b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) AULTOREST MEMORIAL PARK									
26c. LOCATION - City or Town, State OGDEN, UTAH				26d. DATE OF DISPOSITION SEPT. 11, 1992		26e. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH KENNETH GREEN Kenneth Green							
26f. NAME AND ADDRESS OF FUNERAL HOME DAVIS-MORRIS FUNERAL HOME, 800 CENTER AVE, BROWNWOOD, TX 76801													
27a. REGISTRAR'S FILE NO. 01-366		27b. DATE REC'D BY LOCAL REGISTRAR October 23, 1992		27c. SIGNATURE OF LOCAL REGISTRAR By: Ana Villarreal MARGARET WOODS, Deputy									

CAUSE OF DEATH	28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.								Approximate Interval Between Onset and Death				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. unknown natural causes								probably immediate				
	Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
	b. DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. DUE TO (OR AS A LIKELY CONSEQUENCE OF): d.												
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Deceased died in her sleep; no recent medical history; has been treated for heart build up about a year ago.										30a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
29a. Was decedent pregnant at time of death? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		29b. Was decedent pregnant during the last 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN											

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 \$5,000. (Health and Safety Code, Chapter 678, Sec. 195)

STATE OF TEXAS §
COUNTY OF BROWN §

I, THE BROWN COUNTY CLERK, DO HEREBY CERTIFY THAT THE ABOVE AND FOREGOING IS A TRUE AND CORRECT COPY OF ORIGINAL CERTIFICATE OF Death AS FILED IN THIS OFFICE FOR RECORD THE 23 DAY OF October, 1992. AS THE SAME APPEARS OF RECORD IN VOLUME 192 PAGE 366 OF THE Death RECORDS OF BROWN COUNTY, TEXAS. GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS THE 23 DAY OF October, 1992 A.D.

BY: Ana Villarreal, DEPUTY
MARGARET WOODS
COUNTY CLERK, BROWN COUNTY, TEXAS