

18839 gmb I MTC 629-2196 CERTIFICATE OF DEATH 9607 Vol. M76 Page 14307

STATE OF TEXAS

1. PLACE OF DEATH
a. COUNTY **Harris**
b. CITY OR TOWN (If outside city limits, give precinct no.) **Houston**
c. LENGTH OF STAY **2 Years**
d. NAME OF (If not in hospital, give street address) **HOSPITAL**
DOA Southeast Memorial
e. IS PLACE OF DEATH INSIDE CITY LIMITS? **YES**

2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)
a. STATE **Texas** b. COUNTY **Harris**
c. CITY OR TOWN (If outside city limits, give precinct no.) **Houston**
d. STREET ADDRESS (If rural, give location) **6113 Allison Rd., #28**
e. IS RESIDENCE INSIDE CITY LIMITS? **YES** f. IS RESIDENCE ON A FARM? **NO**

3. NAME OF DECEASED
(Type or print) (a) First **Meryle** (b) Middle **Patricia** (c) Last **Espinosa Fishinger**
4. DATE OF DEATH **2-28-76**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIAGE STATUS **Never Married**
8. DATE OF BIRTH **May 12, 1944** 9. AGE (In years, last birthday) **31** 10. IF UNDER 1 YEAR, IF UNDER 1 YEAR, IF UNDER 1 YEAR
11. BIRTHPLACE (State or foreign country) **Oregon** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Nurses Aide** 10b. KIND OF BUSINESS OR INDUSTRY **Nursing Home**

13. FATHER'S NAME **Juan Espinosa** 14. MOTHER'S MAIDEN NAME **Marly Martinez**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **Not Available** 17. INFORMANT **Stella Lindsley, Sister**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Amitriptyline and alcohol toxicity.**
DUE TO (b) _____
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (I) (a) _____
19. WAS AUTOPSY PERFORMED? **YES**

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) **Overdose.**

20c. TIME OF INJURY Hour **AM** Minute **2** Day **28** Year **76**

20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) **Residence** 20f. CITY, TOWN, OR LOCATION **Houston** 20g. STATE **Texas**

21. I hereby certify that I attended the deceased from **from autopsy findings** and last saw the deceased alive on **9:10 a.m.** on the date stated above, and to the best of my knowledge, from the cause stated.

22a. SIGNATURE **E.E. Erickson, M.D.** 22b. ADDRESS **209 Courthouse Houston, Texas** 22c. DATE SIGNED **3-23-76**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal/Burial** 23b. DATE **March 2, 1976** 23c. NAME OF CEMETERY OR CREMATORY **Klamath Memorial Park**

23d. LOCATION **Klamath Falls Oregon** 24. FUNERAL DIRECTOR'S SIGNATURE **Ronnie D. Niday** 24b. NIDAY FUNERAL HOME #5882

25a. REGISTRAR'S FILE NO. **3088** 25b. DATE REC'D BY LOCAL REGISTRAR **Mar. 29, 1976** 25c. REGISTRAR'S SIGNATURE **H.B. Garrett**

STATE OF TEXAS
COUNTY OF HARRIS

CITY OF HOUSTON
BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY THAT THE ABOVE IS AN EXACT COPY OF A CERTIFICATE AS FILED IN THE BUREAU OF VITAL STATISTICS, CITY OF HOUSTON HEALTH DEPARTMENT, HOUSTON, TEXAS, AND THAT I AM THE LEGAL CUSTODIAN OF SUCH RECORDS.

(WARNING: NOT VALID UNLESS SIGNED IN RED AND BLACK INK AND THE RAISED SEAL OF THIS OFFICE AFFIXED HERETO)

DATE ISSUED Sept. 8, 1976

H. B. GARRETT, REGISTRAR
BUREAU OF VITAL STATISTICS

After recording return:
Dale Robertson
2210 Lindley Way - K Falls

I hereby certify that the within instrument was received and filed for record on the 13th day of September A.D., 19 76 at 12:43 o'clock P. M., and duly recorded in Vol. M76 of Deeds on Page 14307.

FEE \$3.00

WM. D. MILNE, County Clerk
By Dale Robertson Deputy