

## STATE OF TEXAS

## CERTIFICATE OF DEATH

STATE FILE NO.

Texas Department of Health — Bureau of Vital Statistics

1. NAME OF DECEASED (a) First (b) Middle (c) Last <b>Donald Frederick McCARRON</b>			(d) Maiden		2. SEX <b>Male</b>	3. DATE OF DEATH <b>6-1-1991</b>	
4. RACE <b>White</b>		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 <b>2-15-1921</b>	
7. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months Days Hours Minutes		IF UNDER 24 HRS. Hours Minutes			
8. SOCIAL SECURITY NUMBER <b>302-10-6273</b>		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
9b. PLACE OF DEATH — COUNTY <b>Kerr</b>		9c. CITY OR TOWN (If outside city limits, give precinct number) <b>Precinct 1</b>		9d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>1105 Monroe Dr.</b>		9e. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
10. BIRTHPLACE (City and State or foreign country) <b>Rome, OH</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	
14. SURVIVING SPOUSE (If wife, give maiden name) <b>Reba Poff</b>		15. DECEDENT'S EDUCATION (Highest grade completed) Grades (0-12) <b>12</b> College (1-4 or 5+) <b>6</b>					
16a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Field Auditor</b>		16b. KIND OF BUSINESS OR INDUSTRY <b>Internal Revenue</b>					
17a. RESIDENCE — STATE <b>Texas</b>		17b. COUNTY <b>Kerr</b>		17c. CITY OR TOWN, (If outside city limits, show rural) ZIP CODE <b>Kerrville--Rural 78028</b>		17d. STREET ADDRESS (If rural, give location) <b>1105 Monroe Dr.</b>	
18. FATHER'S NAME <b>Otho W. McCarron</b>		19. MOTHER'S MAIDEN NAME <b>Minnie May Fox</b>					
20a. SIGNATURE OF INFORMANT <i>[Signature]</i>		20b. MAILING ADDRESS OF INFORMANT (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>316 Bentwood, Boerne, Texas 78006-1906</b>					
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		22c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
22d. DESCRIBE HOW INJURY OCCURRED		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) <i>[Signature]</i>		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)				
	23b. DATE SIGNED (Mo., Day, Yr.) <b>6-7-91</b>		23c. HOUR OF DEATH <b>8:00 a. M.</b>		24b. DATE SIGNED (Mo., Day, Yr.)		
	23d. NAME OF CERTIFYING PHYSICIAN (Type or print) <b>Geoffrey Weiss, M.D.</b>		24c. HOUR OF DEATH <b>M.</b>		24d. PRONOUNCED DEAD (Mo., Day, Yr.) <b>ON</b>		
			24e. PRONOUNCED DEAD (Hour) <b>AT</b>		24f. PRONOUNCED DEAD (M.) <b>M.</b>		
25. MAILING ADDRESS OF CERTIFIER (Type or Print) <b>7400 Merton Minter Dr., San Antonio, Texas 78284</b>							
26a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input 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) <b>Fort Sam Houston National Cemetery</b>					
26c. LOCATION — City or Town, State <b>Fort Sam Houston, Texas</b>		26d. DATE OF DISPOSITION <b>6-4-1991</b>		26e. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i>			
26f. NAME AND ADDRESS OF FUNERAL HOME <b>Grimes Funeral Chapels, P.O. Box 112, Kerrville, Texas 78029-0112</b>							
27a. REGISTRAR'S FILE NO. <b>01-00256-91</b>		27b. DATE REC'D BY LOCAL REGISTRAR <b>JUN 11 1991</b>		27c. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>			

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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	
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>RESPIRATORY FAILURE</b>		Minutes
	DUETO (OR AS A LIKELY CONSEQUENCE OF):		
	b. <b>REFRACTORY MALIGNANT PLEURAL EFFUSION</b>		Months
	DUETO (OR AS A LIKELY CONSEQUENCE OF):		
Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. <b>DIFFUSE LARGE CELL LYMPHOBLASTIC LYMPHOMA</b>		Months
	DUETO (OR AS A LIKELY CONSEQUENCE OF):		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
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	
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 checked="" type="checkbox"/> NO	

## 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)

1032S

29602

## IF DECEASED SERVED IN U.S. ARMED FORCES, FILL OUT THE FOLLOWING:

Is the deceased reported to have been in such service?	Name of organization in which service was rendered?
Yes	U.S. Army Air Force
Serial number of discharge papers or adjusted service certificate?	Name of next of kin or of next friend?
0-542786	Reba McCarron, Wife
Post Office Address?	
1105 Monroe Dr., Kerrville, Texas 78028	

## IF DECEASED WAS MARRIED, FILL OUT THE FOLLOWING:

Name of husband or wife	Age in years
Reba McCarron	73

## IF DECEASED IS AN UNIDENTIFIED PERSON, FILL OUT THE FOLLOWING:

Color of Hair?	Color of Eyes?	Height?	Ft.	In.	Weight?
Deformities?		Tattoo Marks?			
Other marks of identification?					

The document to which this certificate is affixed is a full, true and correct copy of the original on file and of record in my office.

ATTEST: June 11th 1992  
 Patricia Dye, County Clerk  
 Kerr County, Texas

Return: Robert J. Parmley  
 222 Sidney Baker South #615  
 Kerrville, Tx. 78028

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Robert J. Parmley the 11th day  
 of Dec. A.D. 19 92 at 2:29 o'clock PM., and duly recorded in Vol. M92,  
 of Deeds on Page 29601  
 Evelyn Biehn, County Clerk  
 By Douglas Mulendore

FEE \$15.00