

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
JAN 23 2015
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-15-007851

1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last) JAMES HENRY STONE		(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) JANUARY 19, 2015	
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) APRIL 22, 1982	5. AGE-Last Birthday (Years) 32	6. BIRTHPLACE (City & State or Foreign Country) MOUNTAIN HOME, AR	7. BIRTHPLACE (City & State or Foreign Country) MOUNTAIN HOME, AR	
7. SOCIAL SECURITY NUMBER 429-65-6333		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
10a. RESIDENCE STREET ADDRESS 817 LIGHTNINGBUG LANE			10b. APT. NO.	10c. CITY OR TOWN CONROE	
10d. COUNTY MONTGOMERY		10e. STATE TEXAS		10f. ZIP CODE 77301	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME WALLACE FRANKLIN STONE			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE JOAN MCGINNIS		
13. PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH MONTGOMERY		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) CONROE, 77301		16. FACILITY NAME (If not institution, give street address) 817 LIGHTNINGBUG LANE	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED JOHN ALLEN HOSKINS V - SIGNIFICANT OTHER			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 817 LIGHTNINGBUG LANE, CONROE, TX 77301		
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CORALEE MCLEAN, BY ELECTRONIC SIGNATURE - 115552		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) MCNUTT BROCK CREMATORY			23. LOCATION (City/Town, and State) CONROE, TX		
24. NAME OF FUNERAL FACILITY MCNUTT FUNERAL HOME			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 1600 PORTER ROAD, CONROE, TX 77301		
26. CERTIFIER (Check only one) <input type="checkbox"/> Coroner/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 WAYNE L MACK, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) JANUARY 22, 2015	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed) 12:14 AM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) WAYNE L MACK 19380 HWY 105 W., STE 507, MONTGOMERY, TX 77356			32. TITLE OF CERTIFIER JP		
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 EACH. IMMEDIATE CAUSE (Final disease or condition) -> a. HANGING Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____ 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 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 checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input 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 type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" 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) JANUARY 19, 2015			
40b. TIME OF INJURY 12:14 AM		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) BEDROOM	
40e. LOCATION (Street and Number, City, State, Zip Code) LIGHTNING BUG LANE, CONROE, TX 77301				40f. COUNTY OF INJURY MONTGOMERY	
41. DESCRIBE HOW INJURY OCCURRED HANGED SELF					
42a. REGISTRAR FILE NO. 01-0139		42b. DATE RECEIVED BY LOCAL REGISTRAR JANUARY 22, 2015		42c. REGISTRAR REGISTRAR - MONTGOMERY COUNTY CLERK, ELECTRONICALLY FILED	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
 are in prison and
 WARNING: The penalty for knowingly making a false statement in this form can be a fine up to \$10,000. (Health and Safety Code, Sec. 195.1181)
 VS-112 REV 1/4

AMENDMENT TO CERTIFICATE OF DEATH

VITAL STATISTICS Texas Department of State Health Services		DEATH NO 007851	
RECORD ID	REGISTRANT'S FULL NAME AS SHOWN ON DEATH CERTIFICATE JAMES HENRY STONE	DATE OF DEATH 01/19/2015	
PLACE OF DEATH - COUNTY MONTGOMERY		CITY OR TOWN CONROE	
CORRECTION	ITEM OR ITEM NO	ENTRY ON CERTIFICATE	CORRECT INFORMATION
	1.	JAMES HENRY STONE	JAMES HENRY STONE-HOSKINS
	8.	NEVER MARRIED	MARRIED
	9.	---	JOHN ALLEN STONE-HOSKINS, V
	17.	JOHN ALLEN HOSKINS V - SIGNIFICANT OTHER	JOHN ALLEN STONE-HOSKINS, V - HUSBAND
ABSTRACTS	TYPE OF DOCUMENT	DATE OF ORIGINAL ENTRY	BY WHOM ISSUED AND SIGNED
	AFFID OF INFORMANT, JOHN ALLEN STONE-HOSKINS, V	07/09/2015	BOBBY LEE NOVAKOSKY, NOTARY PUBLIC, STATE OF TEXAS
	COPY OF COURT ORDER, CAUSE NO. SA-13-CA-00982-OLG	08/05/2015	UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF TEXAS, SAN ANTONIO DIVISION
DATE ISSUED 08/06/2015			
CERTIFICATION I HEREBY CERTIFY THAT I HAVE EXAMINED THE DOCUMENTS LISTED ABOVE AND THAT THE ABSTRACT IS TRUE AND CORRECT			
DATE FILED 08/06/2015		STATE REGISTRAR <i>Geraldine R. Harris</i>	

VS-173 REV. 9/94 Texas Department of State Health Services - Vital Statistics
This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED AUG 06 2015
WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND
GERALDINE R. HARRIS
STATE REGISTRAR

