

TYPE IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

**STATE OF MAJOR DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS
CERTIFICATE OF DEATH**

146-8

LOCAL FILE NUMBER

STATE FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST Bruno E. Summers				2. SEX Male		3. DEATH DATE 9/7/20XX	
4. RACE White		5. AGE 30	6. UNDER 1 YEAR	7. UNDER 1 DAY	8. BIRTHDATE 7/16/20XX-30		9. COUNTY OF DEATH Jamner
10. CITY, TOWN OR LOCATION OF DEATH Ruston, Major				11. PLACE OF DEATH Mercy Hospital			12. REC'D EMERGENCY CARE? Yes
13. BIRTH STATE (COUNTRY) Major		14. COUNTRY OF CITIZ. US	15. MARITAL STATUS Married	16. SPOUSE Deborah Miller		17. ARMED FORCES Yes	
18. SOCIAL SECURITY NUMBER 535-46-1671			19. USUAL OCCUPATION Business Owner		20. KIND OF BUSINESS OR INDUSTRY Athletic Club		
21. RESIDENCE - NUMBER AND STREET 1962 N.E. 6th Street		22. CITY OR LOCATION Ruston		23. INSIDE CITY LIMITS? Yes	24. COUNTY Jamner	25. STATE Major	
26. FATHER - NAME: FIRST, MIDDLE, LAST Hans O. Summers				27. MOTHER - NAME: MAIDEN NAME: FIRST, MIDDLE, LAST Gretchen Hess Summers			
28. INFORMANT - NAME				29. MAILING ADDRESS			
30. BURIAL, CREMATION, ETC. Burial		31. DATE 9/10/20XX	32. CEMETARY\CREMATORY NAME Golden Pine Cemetery		33. LOCATION CITY\TOWN, STATE Ruston, Major		
34. FUNERAL DIRECTOR SIGNATURE			35. NAME OF FACILITY Holiday View		36. ADDRESS OF FACILITY 825 So. 182nd		

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSES STATED

Brett Day, MD

38. DATE SIGNED

9/7/20XX

39. HOUR OF DEATH

0130

40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

Dr. Brett Day

46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

Mercy Hospital, Ruston, Major

47. A) IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (A) (B) AND (C)

Respiratory distress secondary to pneumonia

B) DUE TO OR AS A CONSEQUENCE OF

Gunshot wound - anterior abdominal chest wall

C) DUE TO OR AS A CONSEQUENCE OF

48. OTHER SIGNIFICANT CONDITIONS

49. AUTOPSY?

50. REFERRED TO EXAMINER OR CORONER?

51. ACC, SUICIDE, HOM

Homicide

52. INJURY DATE

9/3/20XX

53. HOUR OF INJURY

2110

54. DESCRIBE HOW INJURY OCCURRED

Assault

55. INJURY AT WORK?

No

56. PLACE OF INJURY (SPECIFY)

Garage Tavern

57. LOCATION

STREET OR BOX NO.

CITY\TOWN

STATE

58. REGISTRAR SIGNATURE

59. DATE RECEIVED

FOR STATE REGISTRAR

60. ITEM DATE

DOCUMENTARY EVIDENCE

REVIEWED BY

61. ITEM DATE

DOCUMENTARY EVIDENCE

REVIEWED BY

TO BE COMPLETED BY EXAMINER OR CORONER

41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSES STATED

JR Jackson, MD

42. DATE SIGNED

9/7/20XX

43. HOUR OF DEATH

0130

44. DATE PRON. DEAD

9/7/20XX

45. HOUR PRONOUNCED DEAD

0130