

TYPE IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

# STATE OF MAJOR DEPARTMENT OF SOCIAL AND HEALTH SERVICES

## VITAL RECORDS

### CERTIFICATE OF DEATH

LOCAL FILE NUMBER

146-8

STATE FILE NUMBER

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

**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



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



42. DATE SIGNED

**9/7/20XX**

43. HOUR OF DEATH

**0130**

44. DATE PRON. DEAD

**9/7/20XX**

45. HOUR PRONOUNCED DEAD

**0130**

INTERVAL BETWEEN ONSET AND DEATH

**1 day**

INTERVAL BETWEEN ONSET AND DEATH

**4 days**

INTERVAL BETWEEN ONSET AND DEATH