1 LEGAL MAME DE DECEASED (Includo AKAIS Bross) (Final		THEICATE	OF DEA		SIA		E NUMBER
LEGAL NAME OF DECEASED (Include AKA's if any) (First,	, middle, Last)		;	(Maiden)		2. DAT	E OF DEATH - ACTUAL OR PRESUMED
		. ·					
3. SEX 4. DATE OF BIRTH	5. AGE-Last Birthda (Years)	ay IF UNDE	ER 1 YR	IF UNDER 1	DAY	6. BIRT	THPLACE (City & State or Foreign Count
SOCIAL SECURITY NUMBER						01.21	
8. MAF	RITAL STATUS AT TIM lowed 🍀 Divorced 🗎		Married Unknown	9, JUNVIVING	SPOUSE	ii wie, gi	ve name prior to first marriage)
Da. RESIDENCE STREET ADDRESS				10b. APT	NO	10c. CIT	/ OR TOWN
	.3.			ļ		!	
od. COUNTY 10e. STATE			10f. ZIP CO	DE	•		10g. INSIDE CITY LIMITS?
1. FATHER'S NAME		12. MOTHER'S	NAME PRIO	R TO FIRST MA	RRIAGE		
				·			
DEATH OCCURRED IN A HOSPITAL:		CE OF DEATH (CI					
1.	F DEATH OCCURRED Hospice Facility	Nursing Hon		. HOSPITAL: Decedent's Home	Fi Ot	ner (Spec	ify)
14. COUNTY OF DEATH 15. CITY/TOWN, 2	ZIP (If outside city limits	s, give precinct no)	16. FACIL	ITY NAME (If no	t institutio	n, give st	eet address)
	<u> </u>	14					
7. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	18. %	AILING ADDRESS	OF INFORM	ANT (Street and	Number,	City, State	e, Zip Code)
9. METHOD OF DISPOSITION	20. SIGNATURE AND	LICENSE NUMBER	R OF FUNER	AL DIBECTOR C)R PERSO	י אפ	
Burial Cremation Donation	ACTING AS SUCH					~	t, Unkno
Enfombment Permoval From State Other (Specify)						В	lock
2. PLACE OF DISPOSITION (Name of cemetery, crematory, o	ther place) 23 1 OCA	TION /City/Cours.	and Ctata)				ot
E. P. Erioz di Bidi doman (name di bemelery, dismaldry, d	(iner place) 23. LOCA) 23. LOCATION (City/Town, and State)				s	pace
4. NAME OF FUNERAL FACILITY	25. COM	PLETE ADDRESS	OF FUNERAL	L FACILITY (Stre	et and Nu	mber, Cit	y, State, Zip Code)
							<u> </u>
INFORMATION	ON BACK OF T	THE FORM MI	IST BE CO	MDI ETED	IE ADDI	10 ABI	E
	IS FOR STATISTICAL	PURPOSES ONLY	' AND IS NOT	TO BE INCLUD	ED ON C	RTIFIED	COPIES
 DECEDENT'S EDUCATION (Check the box that best desithe highest degree or level of school completed at the time 	of (Check t	DENT OF HISPANI the box that best de	scribes wheth				Check one or more races to indicate what riself or herself to be)
death) 8th grade or less	the dece	edent is Spanish/His	onite Nainens				noon or norden to bay
		he "No" box if deced		☐ White			
	Check th	ne "No" box if deced /Hispanic/Latino)		[Black	or Africar		
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	Check the Spanish	/Hispanic/Latino) Spanish, Hispanic/	dent is not	(i Black l i Ame (Name (i i Asia)	or Africar rican India of the enro I Indian	n or Alasi	ka Native
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MILLER MORTUARY SERVICE 202 AVENUE Q LUBBOCK, TEXAS 79415