

CERTIFICATION OF VITAL RECORD

WALKER COUNTY, TEXAS

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) JAMIE BRUCE MCCOSKEY				(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) NOVEMBER 12, 2013	
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) OCTOBER 5, 1964	5. AGE-Last Birthday (Years) 49	IF UNDER 1 YR MO 00	IF UNDER 1 DAY DAYS 00	6. BIRTHPLACE (City & State or Foreign Country) WEST GERMANY		
7. SOCIAL SECURITY NUMBER 453-25-3514		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage) RUTH ANN SPRADLING			
10a. RESIDENCE STREET ADDRESS 3872 FM 350 SOUTH				10b. APT. NO.	10c. CITY OR TOWN LIVINGSTON		
10d. COUNTY POLK		10e. STATE TEXAS		10f. ZIP CODE 77351		10g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. FATHER'S NAME DON BRUCE MCCOSKEY				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE PATRICIA ANN HALL			
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) TDCJ DEATH CHAMBERS							
14. COUNTY OF DEATH WALKER		15. CITY/TOWN, ZIP CODE (If outside city limits, give precinct no) HUNTSVILLE, 77348		16. FACILITY NAME (If not institution, give street address) 815 12TH STREET			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED TEXAS DEPARTMENT OF CRIMINAL JUSTICE PRISON - LISA A LOPEZ				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 262 FM 3478 STE B, HUNTSVILLE, TX 77320			
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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 JAMES W SMITH JR, BY ELECTRONIC SIGNATURE- 114923		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER				23. LOCATION (City/Town, and State) HOUSTON, TX			
24. NAME OF FUNERAL FACILITY CARNES - TDCJ				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 3100 GULF FREEWAY, TEXAS CITY, TX 77591			
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input 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 <i>[Signature]</i>				28. DATE CERTIFIED (mm-dd-yyyy) 12/2/2013	29. LICENSE NUMBER F2099	30. TIME OF DEATH (Actual or presumed) 18:44 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) Darrell R. Wells, 52 State Highway 75 North, Huntsville, Texas 77320				32. TITLE OF CERTIFIER MD			
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 LINE IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Court Ordered Lethal Injection Due to (or as a consequence of): 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 b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____							
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
36. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input 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) 11/12/2013	40b. TIME OF 18:24 pm	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) TDCJ Huntsville Unit				
40e. LOCATION (Street and Number, City, State, Zip Code) 815 12th Street, Huntsville, Texas 77340				40f. COUNTY OF INJURY Walker			
41. DESCRIBE HOW INJURY OCCURRED Court Ordered Lethal Injection							
42a. REGISTRAR FILE NO. 01-351		42b. DATE RECEIVED BY LOCAL REGISTRAR December 10, 2013		42c. REGISTRAR <i>[Signature]</i>			

EDR 000001413882

OTP, NO 1

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STATE OF TEXAS
WALKER COUNTY

THIS IS TO CERTIFY THAT 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.

DATE ISSUED: **12-10-13**

Do not accept unless prepared on approved security paper displaying the official seal and signature of the issuing agency. Not valid if photocopied. Lamination may void certificate.

[Signature]
KARLA A. FRENCH, COUNTY CLERK
WALKER COUNTY, TEXAS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE