WALKER COUNTY, TEXAS

STATE OF TEXAS CERTIFICATE OF DEATH				STATE FILE NUMBER			
1. LEGAL NAME OF DECEASED (Include AKA's	i, if any) (First, Middle, Last)	/4, 0 A 3	0 /7	(Maiden		DATE OF DE.	ATH - ACTUAL OR PRESUMED
JAMIE BRUCE MCCOSKEY					C. Const		OVEMBER 12, 2013
3. SEX 4. DATE OF BIRTH (mr	m-dd-yyyy) 5. AGE-Last Birthd	day	FUNDER 1 YR	IF UNDER 1			(City & State or Foreign Country)
MALE OCTOBER 5,	(Vanne) 10	740	MO DAY	s HOURS	MIN	WEST GEF	RMANY
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIM	ME OF DEATH	⊠ Married	9. SURVIVI	NG SPOUSE'S	NAME (If Wife,	give name prior to first marriage)
453-25-3514	☐ Widowed ☐ Divorced	d Never Married		RUTH A	NN SPRAD	LING	
10a. RESIDENCE STREET ADDRESS				10b. APT.	Name of Street, or other party	ITY OR TOWN	
					- / L n. 4	NOTON	
3872 FM 350 SOUTH	10e. STATE	1 05 /	10	Of, ZIP CODE	LIVI	NGSTON INSIDE	CITY LIMITS?
10d. COUNTY	TEXAS			7351		Yes	⊠ No
POLK 11. FATHER'S NAME	IEAAS	12. MOTHE	ER'S NAME PRIC		ARRIAGE		
DON BRUCE MCCOSKEY		13, PLACE OF DEA	CIA ANN HAL				
IF DEATH OCCURRED IN A HOSPITAL:	IF DEATH OCCURRE				79		
☐ Inpatient ☐ ER/Outpatient ☐ DO	A Hospice Facility	☐ Nursing Ho	ome 🔲 De	edent's Home			J DEATH CHAMBERS
14. COUNTY OF DEATH	15. CITY/TOWN, ZIP CO	DE (If outside city lin	mits, give precinct i	0)	16. FACILITY N	AME (If not insti	itution, give street address)
WALKER	HUNTSVILLE, 77	348		PR	315 12TH S	STREET	
17. INFORMANT'S NAME & RELATIONSHIP TO		18. MAILING ADD	DRESS OF INFOR	MANT(Street a	nd Number, City	State, Zip Code	No Charles
TEXAS DEPARTMENT OF CRIMII	NAL JUSTICE	262 FM 3478	STE B. HU	NTSVILLE	TX 77320		
PRISON - LISA A LOPEZ 19. METHOD OF DISPOSITION		SNATURE AND LICE					☑ Unknown
		IG AS SUCH				Sect	ion .
☐ Entombment ☐ Removal from state		ES W SMITH J	R ,BY ELEC	TRONIC SI	GNATURE	Block	KEET / E. P. LET
Other (Specify) 22. PLACE OF DISPOSITION (Name of Cemeter	1149		ATION (Citu/Town	and State)		Lot	
UNIVERSITY OF TEXAS HEALTH			23. LOCATION (City/Town, and State) HOUSTON,TX			Space	
24. NAME OF FUNERAL FACILITY	SCILITOL OLIVILIA		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and N				
CARNES - TDCJ		The state of the s	3100 GULF FREEWAY, TEXAS CITY, TX 77591				
26. CERTIFIER (Check only one)	(10) 20V	17 014	X /0/	~ \OY	/ / 6/	V/V /0	1 . 00 / 27 .
Darrell R. Wells, 52 S	TS - DISEASES, INJURIES,	OR COMPLICATION	S - THAT DIRECT	LY CAUSED TI	HE DEATH. DO		MD Approximate Interval Onset to death
TERMINAL EVENTS SUCH AS CARDIAC A ETIOLOGY. DO NOT ABBREVIATE. ENTER IMMEDIATE CAUSE (Final disease or condition	RREST, RESPIRATORY ARR R ONLY ONE CAUSE ON EAC	REST, OR VENTRICU CH LINE	JLAR FIBRILLATI	ON WITHOUT S	HOWING THE		Onset to death
O IMMEDIATE CAUSE (Final							
disease or condition> a. Cou	rt Ordered Le	ethal Inje	ection				20 minutes
w resulting in death)			ection				20 minutes
Sequentially list conditions, b.	Due to (c		ection on:				20 minutes
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE	Due to (c	or as a consequence of	ection on:				20 minutes
Sequentially list conditions, b fany, leading to the cause listed on line a. Enter the UNDER/INIS CAUSE (disease or injury that initiated, the events	Due to (c	or as a consequence of	ection on:				20 minutes
Sequentially list conditions, b. if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that c.	Due to (c	or as a consequence of	ection on:				20 minutes
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4832

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.

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