

STATE OF TEXAS
CERTIFICATION OF VITAL RECORDDEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICSTEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
Apr 18 2024

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-24-065569

| | | | |
|--|--|--|---|
| 1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) | | 2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) | |
| COLETA ANN HENDRICKS | | APRIL 8, 2024 | |
| 3. SEX | 4. DATE OF BIRTH (mm-dd-yyyy) | 5. AGE-Last Birthday (Years) | 6. BIRTHPLACE (City & State or Foreign Country) |
| FEMALE | SEPTEMBER 1, 1944 | 79 | MARQUEZ, TX |
| 7. SOCIAL SECURITY NUMBER | 8. MARITAL STATUS AT TIME OF DEATH | | |
| 459-68-4884 | <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | |
| 9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage) | | 10. RESIDENCE STREET ADDRESS | |
| WILLIAM ANTHONY DEBARTOLO | | 4031 BRIAR HOLLOW ST | |
| 11. COUNTY | | 12. ZIP CODE | |
| BEXAR | | 78247 | |
| 13. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE | | 14. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE | |
| ORBIE BAUGH | | ANNIE MAJI | |
| 15. PLACE OF DEATH (CHECK ONLY ONE) | | | |
| <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | | |
| 16. COUNTY OF DEATH | | 17. CITY/TOWN, ZIP (If outside city limits, give precinct NO) | |
| BEXAR | | SAN ANTONIO, 78247 | |
| 18. INFORMANT'S NAME & RELATIONSHIP TO DECEASED | | 19. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) | |
| WILLIAM ANTHONY DEBARTOLO - SPOUSE | | 4031 BRIAR HOLLOW ST, SAN ANTONIO, TX 78247 | |
| 20. METHOD OF DISPOSITION | | 21. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | |
| <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum | | CYNTHIA YVETTE WARREN BY ELECTRONIC SIGNATURE - 116956 | |
| 22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) | | 23. LOCATION (City/Town, and State) | |
| SUNSET MEMORIAL PARK AND CREMATORY | | SAN ANTONIO, TX | |
| 24. NAME OF FUNERAL FACILITY | | 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) | |
| NEPTUNE SOCIETY-SAN ANTONIO | | 8910 BANDERA ROAD, STE 301, SAN ANTONIO, TX 78250 | |
| 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 | | 28. DATE CERTIFIED (mm-dd-yyyy) | 29. LICENSE NUMBER |
| SAHAR AVESTIMEHR, BY ELECTRONIC SIGNATURE | | APRIL 18, 2024 | P4022 |
| 31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) | | 32. TITLE OF CERTIFIER | |
| SAHAR AVESTIMEHR, 5835 CALLAGHAN RD., SAN ANTONIO, TX 78257 | | 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. | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | | |
| a. HEMORRHAGIC STROKE | | | |
| Due to (or as a consequence of): | | | |
| b. | | | |
| Due to (or as a consequence of): | | | |
| c. | | | |
| Due to (or as a consequence of): | | | |
| d. | | | |
| PART 2. ENTER OTHER CAUSE GIVEN IN PART 1. | | | |
| SEVERE PROTEIN CALORIE MALNUTRITION | | | |
| 36. MANNER OF DEATH | | 37. DID TOBACCO USE CONTRIBUTE TO DEATH? | |
| <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 38. IF FEMALE: | | 39. IF TRANSPORTATION INJURY, SPECIFY: | |
| <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 | | <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) | 40b. TIME OF INJURY | 40c. INJURY AT WORK? | 40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 40e. LOCATION (Street and Number, City, State, Zip Code) | | 40f. COUNTY OF INJURY | |
| | | | |
| 41. DESCRIBE HOW INJURY OCCURRED | | | |
| | | | |
| 42a. REGISTRAR FILE NO. | 42b. DATE RECEIVED BY LOCAL REGISTRAR | 42c. REGISTRAR | |
| | | Tara Das | |

EDR NUMBER 000044445815647

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Apr 22 2024

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

TARA DAS
STATE REGISTRAR

JON

