

CERTIFICATION OF VITAL RECORD

CITY OF DALLAS, TEXAS VITAL STATISTICS DIVISION

AMENDMENT TO MEDICAL CERTIFICATION OF CERTIFICATE OF DEATH

TEXAS DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

PART 1. INFORMATION CONCERNING DECEASED AS SHOWN ON ORIGINAL DEATH CERTIFICATE

NAME OF DECEASED <div style="text-align: center;">Leonard Odell Goode</div>	DATE OF DEATH <div style="text-align: center;">November 7, 1991</div>
PLACE OF DEATH <div style="text-align: center;">Dallas, Dallas County, Texas</div>	STATE FILE NO. (IF KNOWN)

21. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	22a. DATE OF INJURY (Month, Day, Year) <div style="text-align: center;">11/unk/91</div>	22b. TIME OF INJURY <div style="text-align: center;">Unknown M.</div>	22c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	22d. DESCRIBE HOW INJURY OCCURRED <div style="text-align: center;">Recreational drug use</div>
22e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) <div style="text-align: center;">Residence</div>			22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <div style="text-align: center;">11661 Dennis Road #1134, Dallas, Texas</div>	

CERTIFIER	To be completed by CERTIFYING PHYSICIAN only	23a. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. (Signature and Title) <div style="text-align: center;">[Signature]</div>	To be completed by MEDICAL EXAMINER or Justice of the Peace only	24a. 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 as stated. (Signature and Title) <div style="text-align: center;">[Signature]</div> Medical Examiner: Charles B. Odom, M.D.
		23b. DATE SIGNED (Mo., Day, Yr.)	24b. DATE SIGNED (Mo., Day, Yr.) <div style="text-align: center;">December 5, 1991</div>	
		23c. HOUR OF DEATH <div style="text-align: center;">M.</div>	24c. HOUR OF DEATH <div style="text-align: center;">Found: 4:00 P.M.</div>	
		23d. NAME OF CERTIFYING PHYSICIAN (Type or print)	24d. CERTIFIED DEAD (Mo., Day, Yr.) ON 11/7/91	
			24e. CERTIFIED DEAD (Hour) AT 6:15 P.M.	

25. MAILING ADDRESS OF CERTIFIER (Type or Print)
P O Box 35728 Dallas, Texas 75235

CAUSE OF DEATH	28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Toxic effects of cocaine</u> DUE TO (OR AS A LIKELY CONSEQUENCE OF): b. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF): d. _____ Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Approximate Interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		
29a. Was decedent pregnant at time of death? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		30a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
29b. Was decedent pregnant during the last 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		30b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

WARNING

The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$5,000. (Health and Safety Code, Chapter 678, Section 195.003, 1989)

This amendment should be submitted to: **STATE BUREAU OF VITAL STATISTICS
TEXAS DEPARTMENT OF HEALTH
1100 WEST 49th STREET
AUSTIN, TEXAS 78756-3191**

SF186082

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 Sec. 191.051, Health and Safety Code.

ISSUED MAR 17 1994

Johnnie P. Willis
Johnnie P. Willis, Registrar
Bureau of Vital Statistics
City of Dallas, Texas

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE