NO. 97PC3108

ESTATE OF JADIE HANSEL BROWN, DECEASED

IN PROBATE COURT
BEXAR COUNTY, TEXAS
IN MATTERS PROBATE

LETTERS TESTAMENTARY

The State of Texas

County of Bexar

I, GERRY RICKHOFF, Clerk of the Probate Court of Bexar County, Texas, DO HEREBY CERTIFY, that the last Will and Testament of the above named deceased has been admitted to Probate and on the 10th day of November A.D., 1997,

ROBERT WILSON BROWN

qualified according to law as INDEPENDENT EXECUTOR of the Estate of JADIE HANSEL BROWN, DECEASED

and that said appointment is in full force and effect.

Given under my hand and seal of office at San Antonio, Texas, the 10th day of November A.D., 1997.

COURT NO. 2 OF BEXAR COUNTY, TEXAS

GERRY RICKHOFF, CLERK,
PROBATE COURT NO. 2
BEXAR COUNTY, TEXAS

By Joann Arredondo, Deputy
JOANN ARREDONDO

Inst # 2001-01727

01/17/2001-01727
09:05 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
003 MMB 17.00

(DPPR13)

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS
SAN ANTONIO METROPOLITAN HEALTH DISTRICT

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER**

Texas Department of Health — Bureau of Vital Statistics

1. NAME OF DECEASED (a) FIRST: Jadie	(b) MIDDLE: Hansel	(c) LAST: Brown	(d) MAIDEN:	2. SEX: Male	3. DATE OF DEATH: October 26, 1997	
4. DATE OF BIRTH: November 13, 1908	5. AGE (IN YEARS): 88	IF UNDER 1 YR. MO: DAYS: IF UNDER 1 DAY HOURS: MIN:	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY): Montevallo, Alabama	7. SOCIAL SECURITY NO.: [redacted]		
8. RACE: Caucasian	9a. WAS THE DECEDENT OF HISPANIC ORIGIN? ☐ YES ☒ NO	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.): N/A	10. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ YES ☐ NO	11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+)): 16		
12. MARITAL STATUS: ☐ MARRIED ☒ WIDOWED ☐ NEVER MARRIED ☐ DIVORCED	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): None	14a. DECEDENT'S USUAL OCCUPATION: Officer	14b. KIND OF BUSINESS OR INDUSTRY: U.S. Army			
15a. RESIDENCE STREET ADDRESS: 2822 Quail Oak			15b. CITY OR TOWN: San Antonio			
15c. COUNTY: Bexar	15d. STATE: Texas	15e. ZIP CODE: 78232	15f. INSIDE CITY LIMITS: ☒ YES ☐ NO			
16. FATHER'S NAME: William Brown		17. MOTHER'S MAIDEN NAME: Della Hayes				

18. PLACE OF DEATH (CHECK ONLY ONE)

HOSPITAL: ☒ INPATIENT ☐ ER/OUTPATIENT ☐ DOA — OTHER: ☐ NURSING HOME ☐ RESIDENCE ☐ OTHER (SPECIFY)

19. COUNTY OF DEATH	20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)	21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address)
Bexar	Fort Sam Houston	Brooke Army Medical Center

22. INFORMANT — SIGNATURE & RELATIONSHIP	23. MAILING ADDRESS OF INFORMANT
Robert Wilson Brown (Son)	2811 Burnt Oak San Antonio, Texas 78232

24. METHOD OF DISPOSITION	25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)	25b.	29. NAME & ADDRESS OF FUNERAL HOME
☒ BURIAL ☐ CREMATION ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTHER (SPECIFY)	Ft. Sam Houston National Cemetery 26. LOCATION (CITY, STATE): Ft. Sam Houston, TX 27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: [signature] 7257	Section 21 Block Lot Space 443 Unknown ☐ 28. DATE OF DISPOSITION: October 29, 1997	Porter Loring Mortuary North 2102 N. Loop 1604 East San Antonio, TX 78232

30. CERTIFIER

☒ CERTIFYING PHYSICIAN — TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

☐ MEDICAL EXAMINER / ☐ JUSTICE OF THE PEACE — ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

31. SIGNATURE & TITLE OF CERTIFIER	32. DATE SIGNED MO / DAY / YEAR	33. TIME OF DEATH
[signature]	10 / 28 / 97	6:07 P.M.

34. PRINTED NAME & ADDRESS OF CERTIFIER: RAI C. HUTANI, CPT, MC, MD, Brooke Army Medical Center, Fort Sam Houston, Texas 78234

CAUSE OF DEATH

35. PART 1 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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Myocardial Infarction	Days
	DUE TO (OR AS A LIKELY CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	b. Atherosclerotic Coronary Artery Disease	Years
	DUE TO (OR AS A LIKELY CONSEQUENCE OF):	
	c. Hypertension	Years
	DUE TO (OR AS A LIKELY CONSEQUENCE OF):	
	d.	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)

36a. AUTOPSY?	36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
☐ YES ☒ NO	☐ YES ☐ NO

37. DID TOBACCO USE CONTRIBUTE TO DEATH	38. DID ALCOHOL USE CONTRIBUTE TO DEATH	39. WAS DECEDENT PREGNANT
☐ YES ☐ PROBABLY ☐ NO ☒ UNKNOWN	☐ YES ☐ PROBABLY ☐ NO ☒ UNKNOWN	AT TIME OF DEATH ☐ YES ☒ NO ☐ UNK WITHIN LAST 12 MO ☐ YES ☒ NO ☐ UNK

40. MANNER OF DEATH	41a. DATE OF INJURY	41b. TIME OF INJURY	41c. INJURY AT WORK	41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)
☒ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED		M.	☐ YES ☐ NO	

41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)

41f. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR
0208601	NOV - 3 1997	Fernando Q Flores

WARNING: The penalty for knowingly making a false statement in this form can be ... 5 years in prison and a fine of up to $10,000. (Health and Safety Code, Sec. 194, 1989)

VS-112 REV. 9/95 9494019

295226

CERTIFIED COPY
THIS IS A CERTIFIED TRUE AND EXACT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

DATE ISSUED: NOV 04 1997

Fernando Q Flores
FERNANDO Q. FLORES
Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

THE STATE OF TEXAS

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Inst # 2001-01727

01/17/2001-01727
09:05 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
003 MMB 17.00