

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO

106045

Texas Department of Health — BUREAU OF VITAL STATISTICS

1. NAME OF DECEASED (Type or print)			[a] First Steven			[b] Middle Joseph			[c] Last Burch			2. SEX Male		3. DATE OF DEATH November 29, 1982			
4. RACE White		5a. WAS THE DECEDENT OF SPANISH ORIGIN? No		5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. -----		6. DATE OF BIRTH 4-23-1951		7. AGE [In years last birthday] 31		IF UNDER 1 YEAR Months Days Hours Minutes		IF UNDER 24 HRS Months Days Hours Minutes					
8a. PLACE OF DEATH — COUNTY Nueces				8b. CITY OR TOWN [If outside city limits, give precinct no.] Corpus Christi				8c. NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION Memorial Medical Center				8d. INSIDE CITY LIMITS? Yes					
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED [Specify] Divorced		10. BIRTHPLACE [State or foreign country] Texas		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? NO		13. SURVIVING SPOUSE [If wife, give maiden name] NONE									
14. SOCIAL SECURITY NO. 464-78-8132				15a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired] Attorney				15b. KIND OF BUSINESS OR INDUSTRY Self Employed									
16a. RESIDENCE — STATE Texas		16b. COUNTY Nueces		16c. CITY OR TOWN [If outside city limits, show rural] Corpus Christi		16d. STREET ADDRESS [If rural, give location] 614 Robert				16e. INSIDE CITY LIMITS? Yes							
17. FATHER'S NAME George William Burch				18. MOTHER'S MAIDEN NAME Dale Lorraine Ingold				19. SIGNATURE OF INFORMANT Dr. G.W. Burch--Father									
20. PART I IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)] Conditions, if any, which gave rise to immediate cause stating the underlying cause last		(a) Stab Wounds of Chest										Interval between onset and death					
		(b) DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death					
		(c) DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death					
		(c)															
PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)												21. AUTOPSY? yes					
22a. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST. [Specify] Homicide		22b. DATE OF INJURY [Mo., Day, Yr.] 11-29-82		22c. HOUR OF INJURY 12:30 PM		22d. DESCRIBE HOW INJURY OCCURRED Deceased stabbed by assailant											
22e. INJURY AT WORK [Specify yes or no] yes		22f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. [Specify] law office				22g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 2020 Gollihar, Corpus Christi, Texas											
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) stated [Signature and Title] TEXAS DEPARTMENT OF HEALTH REC'D JAN 6 1983 BUREAU OF VITAL STATISTICS										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) stated [Signature and Title] Joseph C. Rupp, M.D. Nueces County Medical Examiner					
		23b. DATE SIGNED [Mo., Day, Yr.] DEC 1 1982		23c. HOUR OF DEATH 12-13-82		24b. DATE SIGNED [Mo., Day, Yr.] 12-13-82		24c. HOUR OF DEATH 2:20 P.									
		23d. NAME OF ATTENDING PHYSICIAN 2065				24d. PRONOUNCED DEAD [Mo., Day, Year] ON 11-29-82		24e. PRONOUNCED DEAD [Hour] AT 2:20 P.									
25a. BURIAL, CREMATION, REMOVAL [Specify] Removal				25b. DATE December 1, 1982				25c. NAME OF CEMETERY OR CREMATORY Cathedral in the Pines									
25d. LOCATION [City, town, or county] [State] Tyler, Smith County, Texas				26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lloyd James Funeral Home John D. Hutson													
27a. REGISTRAR'S FILE NO 2065		27b. DATE REC'D BY LOCAL REGISTRAR DEC 16 1982				27c. SIGNATURE OF LOCAL REGISTRAR [Signature]											

VS-112, REV. 1/80