

#1399

AMENDMENT TO MEDICAL CERTIFICATION OF CERTIFICATE OF DEATH

TEXAS DEPARTMENT OF HEALTH RESOURCES

BUREAU OF VITAL STATISTICS

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| PART I. INFORMATION CONCERNING DECEASED AS SHOWN ON ORIGINAL DEATH CERTIFICATE | | | |
| NAME OF DECEASED Linda Lorita Miller | | DATE OF DEATH 8-27-77 | |
| PLACE OF DEATH 1701 W. 11th Street, Austin, Travis | | STATE FILE NO. (IF KNOWN) 71191 | |
| PART II. MEDICAL CERTIFICATION | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute methadone and codeine intoxication | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. | DUE TO (b) | | |
| | DUE TO (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) Fatty degeneration of liver | | | 19. WAS AUTOPSY PER- FORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Accidental overdose. | |
| 20c. TIME OF DEATH 11:50 a.m. 8 27 77 | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Home | |
| | | 20f. CITY, TOWN, OR LOCATION Austin | |
| | | COUNTY Travis | |
| | | STATE Texas | |
| 21. XXXXXXXXXXXXXXXXXXXX Inquest held at 1:40 p.m. XXXXXXXXXXXXXXXXXXXX August 27th 1977 Death occurred at 12:04 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE ROBERT BUCKLIN | | 22b. ADDRESS P.O. Box 1748 Austin, Texas | |
| | | 22c. DATE SIGNED 9-22-77 | |

VS-174, REV. 4/77

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SEP 29 1977

TEXAS DEPARTMENT OF HEALTH

FILED NOV 28 1977

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