

I hereby certify that this is a true and accurate copy of the record of death of Mary Schapers, filed in the office of the recorder of city of San Marcos, Vol. 15, page 67, witness my hand and seal this 12 day of 8, 1977.

Jane Sultate

Registrar for the City of San Marcos, Texas

15-112, REV. 1/58

TEXAS DEPARTMENT OF HEALTH RESOURCES — BUREAU OF VITAL STATISTICS

STATE OF TEXAS		CERTIFICATE OF DEATH	
1. PLACE OF DEATH a. COUNTY <u>San Marcos</u>	b. CITY OR TOWN (if outside city limits, give precinct no.) <u>San Marcos</u>	c. HEIGHT OR STAY in ft. <u>710</u>	d. USUAL RESIDENCE (whether domestic or foreign) e. STATE <u>Texas</u>
2. NAME OF DECEASED (Type or print) <u>Mary Schapers</u>		3. DATE OF DEATH a. YEAR <u>1977</u> b. MONTH <u>August</u> c. DAY <u>5</u>	
4. NAME OF HOSPITAL OR INSTITUTION <u>Hillside Manor Nursing Home</u>		5. PLACE OF DEATH INSIDE CITY LIMITS? a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
6. SEX <u>Female</u>		7. COLOR OR RACE <u>White</u>	
8. USUAL OCCUPATION (Give nature of work done during most of working life, even if retired) <u>Contractor</u>		9. KIND OF BUSINESS OR INDUSTRY <u>building</u>	
10. FATHER'S NAME <u>John Schapiro</u>		11. MOTHER'S MAIDEN NAME <u>Unknown</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or days of service) <u>no</u>		13. SOCIAL SECURITY NO. <u>449-03-5724</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Capitulation</u> DUE TO (b) <u>Cardiovascular thrombosis - Thrombotic embolus</u> DUE TO (c) <u>57 years</u>		15. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ (b) _____ (c) _____	
16. ACCIDENT? <input type="checkbox"/> SUICIDE? <input type="checkbox"/> HOMICIDE? <input type="checkbox"/>		17. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 14.) <u>no</u>	
18. TIME OF INJURY a. Hour _____ b. Month _____ c. Day _____ d. Year _____		19. PLACE OF INJURY (Leg., in or about home, farm, factory, etc.) <u>no</u>	
20. INJURY OCCURRED a. WHILE AT WORK? <input type="checkbox"/> b. WHILE AT HOME? <input type="checkbox"/>		21. CITY, TOWN, OR LOCATION <u>San Marcos</u>	
22. I hereby certify that I attended the deceased from _____ to _____ a. Date of death occurred at <u>8:30</u> b. Date of death occurred at <u>8:30</u> c. In the date (a) above and in the part of my understanding from (a) above, I received _____ d. Date of death occurred at <u>Aug 5, 1977</u>		23. SIGNATURE <u>Mary Schapers</u>	
24. BIRTHPLACE (State or foreign country) <u>no</u>		25. NAME OF CEMETERY OR CREMATOR? <u>no</u>	
26. LOCATION a. City, town or county <u>San Marcos, Texas</u>		27. FEDERAL DIRECTOR'S SIGNATURE <u>Jane Sultate</u>	
28. REGISTRAR'S FILE NO. <u>61</u>		29. DATE RECD BY LOCAL REGISTRAR <u>8-12-77</u>	
30. REGISTRAR'S SIGNATURE <u>Jane Sultate</u>		31. REGISTRAR'S SIGNATURE <u>Jane Sultate</u>	