

STATE OF LOUISIANA

THIS RECORD IS VALID FOR DEATH ONLY

5740442

IMPORTANT:
PRINT or TYPE, black ink
or ribbon mandatory

1212114

STATE OF LOUISIANA CERTIFICATE OF DEATH

FILE No. 117

BIRTH No.		18. FIRST NAME		1C. MIDDLE NAME		2A. DATE OF DEATH (Month, Day, Year)	
Womack		Kimberly		Gail		August 1, 2008	
2B. HOUR OF DEATH		3. SEX		4. RACE (Specify White, Black, etc.)		5. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	
11:00am		Female		White		Divorced	
7. DATE OF BIRTH (Month, Day, Year)		8A. AGE YEARS		8B. UNDER 1 YEAR MONTHS		8C. UNDER 1 DAY HOURS	
August 6, 1959		48					
9. BIRTHPLACE (City and State or Foreign Country)		11. KIND OF BUSINESS/INDUSTRY					
Magnolia, Mississippi		Industrial					
10. USUAL OCCUPATION (Kind of work done during most of working life. NEVER specify retired)		12. OF HISPANIC ORIGIN?					
Safety Instructor		No					
13. EVER IN U.S. ARMED FORCES? (YES or NO)		14. SOCIAL SECURITY NUMBER		15. DECEDENT'S EDUCATION (Specify ONLY HIGHEST grade completed)		COLLEGE (1-4, 5+)	
No		439-25-8540		12			
16A. PLACE OF DEATH (Check ONLY one. If death in NON-HOSTED facility check OTHER and specify on line BELOW)							
HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER / OUTPATIENT <input type="checkbox"/> DOA <input type="checkbox"/> NON-HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>							
16B. NAME OF FACILITY (If not in Facility, give street address or location)							
5449 Lazare Jarreau Lane							
16C. PLACE OF DEATH IN CITY LIMITS? (YES or NO)							
No							
17A. CITY, TOWN OR LOCATION OF DEATH							
Jarreau							
17B. PARISH OF DEATH							
Pointe Coupee							
18A. STREET ADDRESS (If rural specify rural route number or location)							
5449 Lazare Jarreau Lane							
18B. PARISH OF RESIDENCE							
Pointe Coupee							
18C. STATE OF RESIDENCE							
Louisiana							
18D. USUAL RESIDENCE OF DECEDENT (City, town or location)							
Jarreau							
18E. ZIP CODE							
70749							
18F. RESIDENCE INSIDE CITY LIMITS? (YES or NO)							
No							
19A. FATHER'S LAST NAME				19B. FATHER'S PLACE OF BIRTH			
Womack				Kentwood			
20A. MOTHER'S MIDDLE NAME				20B. MOTHER'S PLACE OF BIRTH			
Dearman				Collins			
21A. TYPE OR PRINT NAME OF INFORMANT				21B. INFORMANT'S ADDRESS			
Engen Kathryn				17836 Nine Oaks Avenue Baton Rouge LA 70817			
21C. DATE (Month, Day, Year)				21D. DATE OF DEATH			
Aug 4, 2008				Aug 4, 2008			
22A. METHOD OF DISPOSITION							
1 <input type="checkbox"/> BURIAL 2 <input checked="" type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL 4 <input type="checkbox"/> OTHER							
22B. DATE TIME OF DISPOSITION (Month, Day, Year)							
Aug 5, 2008							
22C. NAME AND LOCATION OF CEMETERY OR CREMATORY							
Lafayette Crematory Lafayette, LA							
23A. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR							
RABENHORST FUNERAL HOME, L.L.C. POST OFFICE BOX 2666 BATON ROUGE, LA 70821							
23B. FACILITY NUMBER							
2609							
23C. LICENSE NUMBER							
E1509							
24. ALTERATIONS							
BY SIGNATURE OF STATE MEDICAL EXAMINER							
Altered 11-3-08							
25A. REGISTRAR							
859642							
25B. PARISH OF ISSUE							
East Baton Rouge							
25C. DATE OF ISSUE							
08/04/2008							
25D. SIGNATURE OF LOCAL REGISTRAR							
Dorothy Kuhn PTC							
27. MANNER OF DEATH							
1 <input type="checkbox"/> NATURAL 2 <input type="checkbox"/> ACCIDENT 3 <input type="checkbox"/> SUICIDE 4 <input checked="" type="checkbox"/> HOMICIDE 5 <input type="checkbox"/> PENDING INVESTIGATION 6 <input type="checkbox"/> UNDETERMINED							
28A. DATE OF INJURY (Month, Day, Year)							
Approx: July 31, 2008							
28B. TIME OF INJURY							
Unknown							
28C. INJURY AT WORK (YES or NO)							
NO							
28D. DESCRIBE HOW INJURY OCCURRED							
Blunt force trauma to head by assault							
28E. PLACE OF INJURY (Specify at home, farm, factory, street, etc.)							
Found in bedroom of residence							
28F. LOCATION (Street, Number or Rural Route, City, Parish, State)							
5449 Lazare Jarreau Ln Jarreau, Louisiana							
28G. DATE (Month, Day, Year)							
Sep 25, 2008							
29A. I CERTIFY THAT I ATTENDED THE DECEDENT FROM TO AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE DUE TO THE CAUSES AND IN THE MANNER SO STATED.							
29B. SIGNATURE OF PHYSICIAN OR CORONER							
Harry Rellerman M.D. - Coroner							
29C. ADDRESS OF PHYSICIAN OR CORONER							
2202 False River Dr. New Roads, LA. 70760							
30. 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 OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.							
IMMEDIATE CAUSE (Final disease or condition resulting in death.)							
a. Left-sided Subdural Hematoma							
Sequitely list conditions, if any, leading to immediate cause.							
b. Head Injury							
Enter UNDERLYING CAUSE (Disease or injury that related events resulting in death) LAST							
c. Multiple fractured ribs							
31. IF DECEDENT WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS?							
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.							
32A. WAS AN AUTOPSY PERFORMED?							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
32B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

PHS 16 - (REV. 04/04)

OFFICE OF PUBLIC HEALTH - VITAL RECORDS REGISTRY

IN ACCORDANCE WITH LSA-R.S. 40:50
(C), I CERTIFY THAT THE ABOVE IS A
TRUE AND CORRECT COPY OF A DEATH
CERTIFICATE IN MY CUSTODY.
Darlene W. Smith
LOCAL REGISTRAR

NOV 03 2008



I CERTIFY THAT THIS IS A TRUE AND
CORRECT COPY OF A CERTIFICATE OR
DOCUMENT REGISTERED WITH THE
VITAL RECORDS REGISTRY OF THE
STATE OF LOUISIANA, PURSUANT TO
LSA - R.S.40:32, ET SEQ.

Darlene W. Smith
STATE REGISTRAR