

STATE OF LOUISIANA

THIS RECORD IS VALID FOR DEATH ONLY

FILE No. 117

1178518

Name of decedent for use by physician or institution

1A. LAST NAME OF DECEDENT Dammon		1B. FIRST NAME Debra		1C. MIDDLE NAME Lynn		2A. DATE OF DEATH (Month, Day, Year) October 28, 2011	
2B. HOUR OF DEATH 9:30 PM		3. SEX Female		4. RACE (Specify White, Black, etc.) White		5. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married	
6. SURVIVING SPOUSE (If Wife, give Maiden Name) David Dammon		7. DATE OF BIRTH (Month, Day, Year) November 30, 1954		8A. AGE YEARS 56		8B. UNDER 1 YEAR MONTHS DAYS	
8C. UNDER 1 DAY HOURS MINUTES		9. BIRTHPLACE (City and State or Foreign Country) Austin, Texas		10. USUAL OCCUPATION (Kind of work done during most of working life NEVER specify "Retired") Home maker		11. KIND OF BUSINESS/INDUSTRY Own Home	
12. OF HISPANIC ORIGIN? No		13. EVER IN U.S. ARMED FORCES? (YES or NO) No		14. SOCIAL SECURITY NUMBER 460-11-1429		15. DECEDENT'S EDUCATION (Specify ONLY HIGHEST grade completed) ELEMENTARY/SECONDARY (0-12) 10	
15. COLLEGE (1-4, 5-4)		16A. PLACE OF DEATH (Check ONLY one. If death in NON-LISTED facility check OTHER and specify on line BELOW) HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DCA <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) 117 N. Queens Drive		16C. PLACE OF DEATH IN CITY LIMITS? (YES or NO) No					
17A. CITY, TOWN OR LOCATION OF DEATH Slidell		17B. PARISH OF DEATH Saint Tammany				18A. STREET ADDRESS (If rural specify rural route number or location) 117 N. Queens Drive	
18B. PARISH OF RESIDENCE Saint Tammany		18C. STATE OF RESIDENCE Louisiana		18D. USUAL RESIDENCE OF DECEDENT (City, town or location) Slidell		18E. ZIP CODE 70458	
18F. RESIDENCE INSIDE CITY LIMITS? (YES or NO) No		19A. FATHER'S LAST NAME FIRST MIDDLE Warren Ardis LaRue		19B. FATHER'S PLACE OF BIRTH Gatesville		19C. STATE TX	
20A. MOTHER'S MAIDEN NAME FIRST MIDDLE Griffin Dora Frances		20B. MOTHER'S PLACE OF BIRTH Oglesby		20C. STATE TX		21A. TYPE OR PRINT NAME OF INFORMANT David Dammon	
21B. INFORMANT'S ADDRESS 117 N. Queens Drive Slidell LA, 70458		21C. DATE (Month, Day, Year) 10/31/11		22A. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> OTHER		22B. DATE THEREOF (Month, Day, Year) 11/3/2011	
22C. NAME AND LOCATION OF CEMETERY OR CREMATORY Forest Lawn Crematory Slidell, LA 70460		22D. FACILITY NUMBER 2755		22E. LICENSE NUMBER E-2445		22F. ALTERATIONS	
22G. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR Honaker Funeral Home, Inc. P.O. BOX 6087 Slidell, LA 70469		22H. SIGNATURE OF REGISTRAR <i>Eric L. Sanford</i>		22I. SIGNATURE OF LOCAL REGISTRAR <i>Jennifer Ferguson</i>		23A. BURIAL TRANSIT PERMIT 970710	
23B. PARISH OF ISSUE St. Tammany		23C. DATE OF ISSUE 10/31/2011		24. MANNER OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED			
24A. DATE OF INJURY (Month, Day, Year)		24B. TIME OF INJURY		24C. INJURY AT WORK (YES or NO)		24D. DESCRIBE HOW INJURY OCCURRED	
24E. PLACE OF INJURY (Specify at home, farm, factory, street, etc.)		24F. LOCATION (Street, Number or Rural Route, City, Parish, State)					
25A. I CERTIFY THAT I ATTENDED THE DECEDENT FROM TO 4-8-2009 10/28/2011		25B. SIGNATURE OF PHYSICIAN OR CORONER <i>Greg Bizette</i>		25C. DATE (Month, Day, Year) 10-31-11		25D. ADDRESS OF PHYSICIAN OR CORONER 1000 Ochsner Blvd. Covington LA 70433	
25E. TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER Greg Bizette, M.D.		30. PART I ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH (DO NOT ENTER THE MODE OF DYING SUCH AS SUICIDE OR RESPIRATORY ARREST OR HEART FAILURE BUT ONLY ONE CAUSE ON EACH LINE) IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Fine needle aspiration Sequitally list conditions, if any, leading to immediate cause b. DUE TO (OR AS A CONSEQUENCE OF) Enter UNDERLYING CAUSE (Disease, injury, or other initiated events resulting in death) LAST c. DUE TO (OR AS A CONSEQUENCE OF)					
30. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE IN PART I <input type="checkbox"/> Tobacco <input type="checkbox"/> Other		31. IF DECEASED WAS FEMALE 10-49 WAS SHE PREGNANT IN THE LAST 90 DAYS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		32A. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PHS 16 - (REV 04/04)

OFFICE OF PUBLIC HEALTH - VITAL RECORDS REGISTRY

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.

Charlene W. Smith
STATE REGISTRAR



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:

Jennifer Ferguson

WARNING: It is illegal to alter or counterfeit this copy.