

**STATE OF TEXAS**  
**CERTIFICATION OF VITAL RECORD**

**WALKER COUNTY**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS  
Apr 08 2021

STATE FILE NUMBER **142-21-072287**

<b>STATE OF TEXAS</b>		<b>CERTIFICATE OF DEATH</b>		<b>STATE FILE NUMBER 142-21-072287</b>	
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) <b>KAREN LEE ROBINSON</b>			2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) <b>MARCH 30, 2021</b>		
3. SEX <b>FEMALE</b>		4. DATE OF BIRTH (mm-dd-yyyy) <b>APRIL 25, 1980</b>		5. AGE-Last Birthday (Years) <b>40</b>	
6. BIRTHPLACE (City & State or Foreign Country) <b>CONROE, TX</b>		7. SOCIAL SECURITY NUMBER <b>452-59-8320</b>		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (and not remarried) <input type="checkbox"/> Divorced (and not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage) <b>FRANK ROBINSON III</b>			10. RESIDENCE STREET ADDRESS <b>312 JENKINS RD</b>		
10a. RESIDENCE STREET ADDRESS		10b. APT. NO.		10c. CITY OR TOWN <b>HUNTSVILLE</b>	
10d. COUNTY <b>WALKER</b>		10e. STATE <b>TEXAS</b>		10f. ZIP CODE <b>77320</b>	
10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE <b>GEORGE RUSSELL</b>			
12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE <b>SUZANNE BENNETT</b>				13. PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) FATHER'S RENTAL PROPERTY	
14. COUNTY OF DEATH <b>WALKER</b>		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) <b>HUNTSVILLE, 77340</b>		16. FACILITY NAME (If not institution, give street address) <b>1417 20 1/2 ST</b>	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>FRANK ROBINSON III - SPOUSE</b>			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>312 JENKINS RD, HUNTSVILLE, TX 77320</b>		
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>WILL G. SMITH JR., BY ELECTRONIC SIGNATURE - 113225</b>		21. <input type="checkbox"/> Unknown Section <b>FAMILY</b> Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>ETHICIAN FAMILY CEMETERY</b>			23. LOCATION (City/Town, and State) <b>SAN JACINTO COUNTY, TX</b>		
24. NAME OF FUNERAL FACILITY <b>SAM HOUSTON MEMORIAL FUNERAL HOME</b>			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>1700 NORMAL PARK, HUNTSVILLE, TX 77340</b>		
26. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Justice of the Peace - 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) and manner stated.					
27. SIGNATURE OF CERTIFIER <b>STEVE FISHER, BY ELECTRONIC SIGNATURE</b>		28. DATE CERTIFIED (mm-dd-yyyy) <b>APRIL 7, 2021</b>		29. LICENSE NUMBER <b>999</b>	
30. TIME OF DEATH (Actual or presumed) <b>06:26 PM</b>				31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>STEVE FISHER 717 FM 2821, HUNTSVILLE, TX 77320</b>	
32. TITLE OF CERTIFIER <b>JP</b>				33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.	
CAUSE OF DEATH		a. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>GUNSHOT WOUND OF CHEST</b> Due to (or as a consequence of):		Approximate interval Onset to death <b>SECONDS</b>	
		b. Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST			
		c. Due to (or as a consequence of):			
		d. Due to (or as a consequence of):			
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.				34. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
36. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input checked="" type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		40a. DATE OF INJURY (mm-dd-yyyy) <b>MARCH 30, 2021</b>			
40b. TIME OF INJURY <b>06:26 PM</b>		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) <b>MOTOR VEHICLE</b>	
40e. LOCATION (Street and Number, City, State, Zip Code) <b>1418 21ST STREET, HUNTSVILLE, TX 77320</b>				40f. COUNTY OF INJURY <b>WALKER</b>	
41. DESCRIBE HOW INJURY OCCURRED <b>SHOT SELF</b>					
42a. REGISTRAR FILE NO. <b>01000155</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>APRIL 13, 2021</b>		42c. REGISTRAR <b>REGISTRAR - WALKER COUNTY CLERK, ELECTRONICALLY FILED</b>	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT  
 WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195.19891)



This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED **5-14-2021** ★ ★ ★

*Kari Ann French*  
Kari Ann French  
County Clerk/Local Registrar



WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE