

STATE OF LOUISIANA

CERTIFICATION OF VITAL RECORD

CERTIFICATION OF DEATH

BIRTH NUMBER:

STATE FILE NUMBER: 2014-042-00030

4049562

DECEDENT	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) BUHLER SR., GEORGE LAWRENCE		DATE OF BIRTH 04/23/1921	DATE OF DEATH 12/28/2014	TIME OF DEATH 01:08 PM
	PLACE OF BIRTH - (CITY, STATE, COUNTRY) NEW ORLEANS, LA UNITED STATES	SEX MALE	SOCIAL SECURITY NUMBER 439-18-0899		AGE 93 YEARS
	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):				
	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 2801 NORTH ST., MANDEVILLE, LA 70448 UNITED STATES			WITHIN CITY LIMITS? YES	PARISH/COUNTY ST. TAMMANY
PERSONAL	EVER IN U.S. ARMED FORCES? YES		OCCUPATION ACCOUNTANT	INDUSTRY OF OCCUPATION PETROLEUM	
	MARITAL STATUS MARRIED	NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, SUFFIX) BUCKLEY, MARY			
	FATHER'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) BUHLER, GEORGE H	FATHER'S PLACE OF BIRTH - (CITY, STATE, COUNTRY) NEW ORLEANS, LA UNITED STATES			
	MOTHER'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) LUSIGNAN, FLORENCE	MOTHER'S PLACE OF BIRTH - (CITY, STATE, COUNTRY) THIBODOEAUX, LA UNITED STATES			
	INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) BUHLER, MARY	RELATIONSHIP TO DECEDENT WIFE	INFORMANT'S ADDRESS 2801 NORTH ST., MANDEVILLE, LA 70448 UNITED STATES		
	EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE				
	OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO				
	RACE: WHITE				
DEATH INFO	PLACE OF DEATH INPATIENT		FACILITY NAME LOUISIANA MEDICAL CENTER AND HEART HOSPITAL		
	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 64030 HWY 434, LACOMBE, LA 70445 UNITED STATES				PARISH/COUNTY ST. TAMMANY
DISPOSITION	METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ST. JOSEPH ABBEY		
	PLACE OF DISPOSITION - (CITY, STATE, COUNTRY) SAINT BENEDICT, LA UNITED STATES				DATE OF DISPOSITION 01/03/2015
FUNERAL FACILITY	FUNERAL FACILITY NAME E. J. FIELDING FUNERAL HOME, INC.		ADDRESS OF FUNERAL FACILITY 2260 W. 21ST AVE., COVINGTON, LA 70433 UNITED STATES		
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX) FIELDING, REGINALD J	LICENSE NUMBER E2480	CORONER NOTIFIED? Y		
	SIGNATURE OF FUNERAL DIRECTOR *e-sign*		DATE 1/6/2015		
MEDICAL INFO	MANNER OF DEATH IF FEMALE? DID TOBACCO USAGE CONTRIBUTE TO DEATH?		NATURAL NOT APPLICABLE UNKNOWN		
CAUSE OF DEATH	PART I. 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.				APPROXIMATE INTERVAL: Onset to Death:
	IMMEDIATE CAUSE - (Final disease or condition resulting in death)		a. RESPIRATORY FAILURE		UNK
	Sequentially list conditions, if any, leading to the cause listed on line a.				b. END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				UNK
					c.
					d.
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
	WAS AN AUTOPSY PERFORMED? NO		FINDINGS USED IN DETERMINING CAUSE? NOT APPLICABLE		
INJURY INFORMATION	PLACE OF INJURY	DATE OF INJURY	TIME OF INJURY	INJURY AT WORK	IF TRANSPORTATION INJURY, SPECIFY.
	LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)				PARISH/COUNTY
	DESCRIBE HOW INJURY OCCURED				
CERTIFIER	I CERTIFY THAT I ATTENDED THE DECEDENT FROM 12/21/2014 TO 12/28/2014 AND THAT DEATH OCCURED ON THE DATE AND HOUR STATED AND DUE TO THE CAUSE(S) AND MANNER STATED.				
	SIGNATURE OF CERTIFIER SULTAN, AQIB		*e-sign*	DATE	1/2/2015
	CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX) CERTIFIER TITLE - PRONOUNCING & CERTIFYING PHYSICIAN CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 100 MEDICAL CENTER DR., SLIDELL, LA 70461 UNITED STATES				
	BURIAL TRANSIT PERMIT 110546	PARISH OF ISSUE ORLEANS	DATE OF ISSUE 12/29/2014	DATE FILED WITH REGISTRAR 1/6/2015	
REGISTRAR	SIGNATURE OF REGISTRAR DEVIN GEORGE *e-sign*				

ISSUED BY: Fontenot, Donna

Issued On: 1/9/2015 10:22:53 AM

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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.

A REPRODUCTION OF THIS DOCUMENT IS VOID AND INVALID.
DO NOT ACCEPT

Devin George
DEVIN GEORGE
STATE REGISTRAR

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