

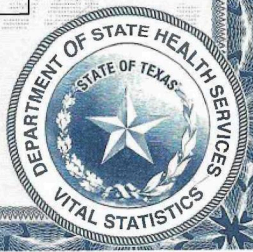
STATE OF TEXAS CERTIFICATE OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
Jan 06 2022
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-21-265310

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) MARIA DEL CARMEN CONTRERAS				5. AGE-Last Birthday (Years) 82		6. BIRTHPLACE (City & State or Foreign Country) EL SALVADOR	
2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) DECEMBER 29, 2021				3. SEX FEMALE			
4. DATE OF BIRTH (mm-dd-yyyy) AUGUST 7, 1939				IF UNDER 1 YR Mo Days		IF UNDER 1 DAY Hours Min	
7. SOCIAL SECURITY NUMBER 434-90-9708				8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Divorced (but not remarried) <input checked="" type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)	
10a. RESIDENCE STREET ADDRESS 16034 GLENBROOK KNOLL LN				10b. APT. NO.		10c. CITY OR TOWN HOUSTON	
11d. COUNTY HARRIS		11e. STATE TEXAS		11f. ZIP CODE 77095		11g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE SABINO PACHECO				12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE AVELINA UN-KNOWN			
13. PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DQA <input type="checkbox"/> DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
14. COUNTY OF DEATH HARRIS		15. CITY/TOWN, ZIP* (If outside city limits, give precinct no) HOUSTON, 77095		16. FACILITY NAME (If not institution, give street address) 16034 GLENBROOK KNOLL LN			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED CARMEN BUHLER - DAUGHTER				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 16034 GLENBROOK KNOLL LN, HOUSTON, TX 77095			
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 MOISES ARTURO ESPINO, BY ELECTRONIC SIGNATURE - 117570		21. <input type="checkbox"/> Unknown Section _____ Block 1 Lot 268 Space 5	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) WOODLAWN GARDEN OF MEMORIES CEM				23. LOCATION (City/Town, and State) HOUSTON, TX			
24. NAME OF FUNERAL FACILITY WOODLAWN FUNERAL HOME, INC.				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 1101 ANTOINE DRIVE, HOUSTON, TX 77055			
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Judge 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 NOE ZAMORA, BY ELECTRONIC SIGNATURE				28. DATE CERTIFIED (mm-dd-yyyy) JANUARY 6, 2022		29. LICENSE NUMBER M0613	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) NOE ZAMORA 800 TOWN AND COUNTRY BLVD #300, HOUSTON, TX 77024						32. TITLE OF CERTIFIER MD	
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ALZHEIMER'S DEMENTIA Due to (or as a consequence of):				Approximate interval Onset to death SEVERAL YEARS			
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 b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____							
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.				34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input 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 type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" 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 type="checkbox"/> Unknown if pregnant within the past year		38. 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)		40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City, State, Zip Code)				40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR <i>Tara Das</i>			

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. 195.199)
 VS-112 REV 1/2006
 Q A 2 1 0 8 9 0 2 3



EDR NUMBER 00044445232333
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 Jan 10 2022

Tara Das
TARA DAS
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Maria Del Carmen Pacheco Contreras, State of Texas Certification of Vital Record, Certificate of Death, State File Number 142-21-265310. [Image scanned 17 Jul 2022 by George L. Buhler Jr., 16034 Glenbrook Knoll Lane, Houston, Texas, 77095, from a certified copy in possession of same.]