

STATE OF TEXAS CERTIFICATION OF VITAL RECORD

CITY OF HOUSTON

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Mar 01 2023

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-23-033055

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
 The number for household number is shown in blue. This form can be 2-10 years in advance and
 is valid for 50 years. (HHS&S and State Code, Sec. 195.105)

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) GOODLOVE GWE TEKO		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) FEBRUARY 21, 2023	
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) JANUARY 1, 1949	5. AGE-Last Birthday (Years) 77	6. BIRTHPLACE (City & State or Foreign Country) CAMBRIDGE
7. SOCIAL SECURITY NUMBER 667-66-0322	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <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) ELIZABETH NCHAKO GWE	
10a. RESIDENCE STREET ADDRESS 10230 ROUKEN GLEN CT		10b. APT. NO. RICHMOND	10c. CITY OR TOWN RICHMOND
10d. COUNTY FORT BEND	10e. STATE TEXAS	10f. ZIP CODE 77407	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE GRAFFIT TEKO		12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE EOD CHECK	
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:			
14. COUNTY OF DEATH HARRIS		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) HOUSTON, 77030	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED WALTER TEKO - SON		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 10230 ROUKEN GLEN CT, RICHMOND, TX 77407	
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal from state <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TRAKESHA BYRD, BY ELECTRONIC SIGNATURE - 116091	
22. PLACE OF DISPOSITION (Name of cemetery, cremation, other place) FAMILY HOME		23. LOCATION (City/Town, and State) CM	
24. NAME OF FUNERAL FACILITY ROONEY F BYRD FUNERAL DIRECTORS		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 1201 PRESTON STREET, RICHMOND, TX 77469	
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 and place, and due to the cause(s) and manner stated			
27. SIGNATURE OF CERTIFIER THELY HANH TRINH, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) FEBRUARY 24, 2023	29. LICENSE NUMBER M1366
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) THELY HANH TRINH 1905 HOLCOMBE, HOUSTON, TX 77030		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 EVENT'S SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.			33. TIME OF DEATH (Actual or presumed) 07:45 AM
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____ Due to (or as a consequence of):			Approximate interval (Onset to death) UNKNOWN
PART 2: ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. MULTIPLE MYELOMA, ANEMIA			34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36. MANNER OF DEATH TO 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"/> Previously <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 (Pregnant within the past year)
39a. DATE OF INJURY (mm-dd-yyyy)		39b. TIME OF INJURY	39c. INJURY A WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40a. LOCATION (Street and Number, City, State, Zip Code)		40b. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
40c. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO. 02003598	42b. DATE RECEIVED BY LOCAL REGISTRAR MARCH 1, 2023	42c. REGISTRAR REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED	



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 03/03/2023 CD

S. Kellen Swary
S. Kellen Swary
Local Registrar

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE