

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 0425112026

1. LEGAL NAME OF DECEASED (Include AKA's, if anv) (First, Middle, Last) MOHOMMAD NAZEER PAKTYAWAL AKA MOHAMMAD NAZEER PAKTIAWAL				(Before Marriage)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) MARCH 14, 2026	
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) MAY 25, 1984	5. AGE-Last Birthday (Years) 41	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country) AFGHANISTAN		
7. SOCIAL SECURITY NUMBER 790-74-2341	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) ZIBA PAKTYAWAL				
10a. RESIDENCE STREET ADDRESS [REDACTED]				10b. APT. NO. [REDACTED]	10c. CITY OR TOWN RICHARDSON		
10d. COUNTY DALLAS	10e. STATE TEXAS	10f. ZIP CODE 75081	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE MOHAMMAD KARIM			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE SADIQA KARIM				
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
14. COUNTY OF DEATH DALLAS	15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) DALLAS, 75235			16. FACILITY NAME (If not institution, give street address) PARKLAND MEMORIAL HOSPITAL			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED NASEER AHMAD PAKTIAWAL - BROTHER			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) [REDACTED] RICHARDSON, TX 75081				
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"/> Mausoleum <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HUFSAH BUSHRA QAZI ,BY ELECTRONIC SIGNATURE - 120475			21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____		
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) ZAZIA CEMETERY			23. LOCATION (City/Town, and State) PAKTIA, AF				
24. NAME OF FUNERAL FACILITY RAHMA FUNERAL HOME			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) [REDACTED] DALLAS, TX 75254-2824				
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 TRAVIS DANIELSEN , BY ELECTRONIC SIGNATURE			28. DATE CERTIFIED (mm-dd-yyyy) JUNE 25, 2026	29. LICENSE NUMBER T7528	30. TIME OF DEATH (Actual or presumed) 09:10 AM		
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) [REDACTED] DALLAS, TX					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. ANAPHYLAXIS COMPLICATING ACUTE ASTHMA EXACERBATION Due to (or as a consequence of): 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. _____						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. TOXIC EFFECTS OF METHAMPHETAMINE; ATHEROSCLEROTIC CARDIOVASCULAR DISEASE; CIGARETTE SMOKING					34. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
36. 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"/> Could not be determined					37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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 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)					35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
40a. DATE OF INJURY (mm-dd-yyyy) MARCH 12, 2026	40b. TIME OF INJURY 11:30 PM	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) U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT				
40e. LOCATION (Street and Number, City, State, Zip Code) 8101 N. STEMMONS FRWY, DALLAS, TX 75247					40f. COUNTY OF INJURY DALLAS		
41. DESCRIBE HOW INJURY OCCURRED ADVERSE DRUG REACTION AND INGESTION OF ILLICIT DRUG							
42a. REGISTRAR FILE NO. 02002205	42b. DATE RECEIVED BY LOCAL REGISTRAR MARCH 16, 2026	42c. REGISTRAR REGISTRAR - CITY OF DALLAS, ELECTRONICALLY FILED					
EDR NUMBER 000044446398921							

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. 195.1989)
 VS-112 REV 1/2006