



JUDGE WAYNE L. MACK
JUSTICE COURT ONE
MONTGOMERY COUNTY JUSTICE OF THE PEACE

19380 HWY 105 WEST, STE 507
MONTGOMERY, TX 77356

(936) 788-8374 OFFICE
(936) 788-8379 FAX

Authority to Cremate

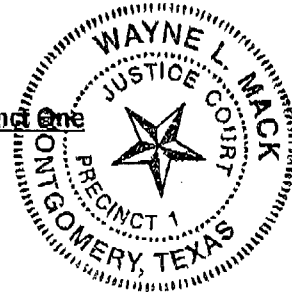
The Montgomery County Justice of the Peace, Pct. One certifies that there is no further need of the body of REEVES, JAMES LEWIS, who died 05-30-2021 at WEST RD & EAST COMMUNITY DRIVE, NEW CANEY in Montgomery County.

In accordance with Article 49 of the Texas Code of Criminal Procedure (CCP), it is certified that no autopsy was necessary.

The 48 hour waiting period no longer applies in accordance with Article 49.25, Section 10A (CCP)

This certification is issued on: 06-08-2021

Electronically certified by: Wayne L. Mack, Justice of the Peace Precinct One





Report of Death

000044445049725

Vital Statistics 25 TAC Sec. 181.2(a) "The funeral director, or person acting as such, who assumes custody of a dead body or fetus shall obtain an electronically filed report of death through a Bureau of Vital Statistics system or complete a report of death before transporting the body. The report of death shall within 24 hours be mailed or otherwise transmitted to the local registrar of the district in which the death occurred or in which the body was found. A copy of the completed or electronically filed report of death as prescribed by the Bureau of Vital Statistics shall serve as authority to transport or bury the body or fetus within this state."

Print in dark ink the legal name of the deceased as shown on the Social Security card or birth

JAMES LEWIS REEVES
first middle last suffix AKA maiden
Date of Death 05 / 30 / 2021 Sex MALE Date of Birth 12 / 03 / 1982
month day year month day year

Social Security Number 4 6 7 - 6 5 - 3 1 1 1 None Not Available

Place of Death (check one)

<input type="checkbox"/> Hospital Inpatient	<input type="checkbox"/> Nursing home/Long term care facility
<input type="checkbox"/> Hospital Emergency Room/Outpatient	<input type="checkbox"/> Home of Deceased
<input type="checkbox"/> Hospital Dead on Arrival	<input checked="" type="checkbox"/> Other (specify): <u>SCENE</u>
<input type="checkbox"/> Hospice Facility	
Facility Name (If not institution, give street & number) RAIL TRACKS AT WEST ROAD AND EAST COMMUNITY DRIVE	
City, Town, or Precinct Number NEW CANEY, 77357	County MONTGOMERY

Local registration office for the area where this death occurred: REGISTRAR - MONTGOMERY COUNTY CLERK

This death may be due to homicide, suicide or accident; or this death occurred without medical attendance.

This death will be certified by: Physician Medical Examiner Justice of the Peace

Name and address of certifier:
WAYNE L MACK
MONTGOMERY COUNTY JP PCT 1
19380 HWY 105 W., STE 507
MONTGOMERY, TX

Name and address of person making this report (if funeral director list license number and funeral home):
JENNIFER MYERS 117974
DARST FUNERAL HOME
796 RUSSELL PALMER
KINGWOOD, TX 77339
JENNIFER MYERS- BY ELECTRONIC SIGNATURE

06/17/2021

Signature or electronic verification of person making this report Date of report

The Report of Death may be mailed, faxed, emailed, electronically registered or conveyed in person. A copy of this document is to accompany the body. This report contains confidential information.

Date /Time Received

Report	
Certificate	
Electronic	

Registrar Use Only

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

Facts of Death Verification

as they will appear on the Certificate of Death

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				(Maiden)		2. DATE OF DEATH - <u>ACTUAL OR PRESUMED</u> (mm-dd-yyyy)	
JAMES LEWIS REEVES						MAY 30, 2021	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR		IF UNDER 1 DAY		6. BIRTHPLACE (City & State or Foreign Country)
MALE	DECEMBER 3, 1982	38	Mo	Days	Hours	Min	HOUSTON, TEXAS
7. SOCIAL SECURITY		8. MARITAL STATUS AT TIME OF DEATH			9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)		
467-65-3111		<input type="checkbox"/> Married <input type="checkbox"/> Divorced (and not remarried) <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown					
10a. RESIDENCE STREET ADDRESS					10b. APT. NO.	10c. CITY OR TOWN	
21891 EAST MARTIN DRIVE						PORTER	
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?	
MONTGOMERY		TEXAS		77365		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE				
GUY REEVES			PAMELA WALLACE				
13. PLACE OF DEATH (CHECK ONLY ONE)							
IF DEATH OCCURRED IN A HOSPITAL:			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:				
<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) SCENE				
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)			16. FACILITY NAME (If not institution, give street address)		
MONTGOMERY		NEW CANEY, 77357			RAIL TRACKS AT WEST ROAD AND EAST COMMUNITY DRIVE		
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
PAMELA KELLET - MOTHER				21891 EAST MARTIN DRIVE, PORTER, TX 77365			
19. METHOD OF DISPOSITION			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			21.	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)			<input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			<input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			23. LOCATION (City/Town, and State)				
NORTH PARK CREMATORY			KINGWOOD, TX				
24. NAME OF FUNERAL FACILITY				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
DARST FUNERAL HOME				796 RUSSELL PALMER, KINGWOOD, TX 77339			

EDR No: 000044445049725

Informant's signature: see attached Date: _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)