

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN JOAQUIN

STOCKTON, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH  
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

3900-0205

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEASED—FIRST NAME		1c. LAST NAME	
1b. MIDDLE NAME		2A. DATE OF DEATH—MONTH, DAY, YEAR	
1d. SEX		2b. HOUR	
4. COLOR OR RACE		6. DATE OF BIRTH	
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		7. AGE—LAST BIRTHDAY	
8. NAME AND BIRTHPLACE OF FATHER		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
10. CITIZEN OF WHAT COUNTRY		14. SOCIAL SECURITY NUMBER	
11. SOCIAL SECURITY NUMBER		15. NAME OF SURVIVING SPOUSE (IF HUSBAND, ENTER MAIDEN NAME)	
14. LAST OCCUPATION		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE)	
17. KIND OF INDUSTRY OR BUSINESS		18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	
18b. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
18d. CITY OR TOWN		18e. COUNTY	
18f. LENGTH OF STAY IN COUNTY (MONTHS)		18g. LENGTH OF STAY IN CALIFORNIA (YEARS)	
19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
19c. CITY OR TOWN		19d. COUNTY	
19e. STATE		20. NAME AND MAILING ADDRESS OF INFORMANT	
21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED AT THE TIME OF DEATH AND THAT I HAVE VIEWED THE REMAINS OF THE DECEASED AS REQUIRED BY LAW.		21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED AT THE TIME OF DEATH AND THAT I HAVE VIEWED THE REMAINS OF THE DECEASED AS REQUIRED BY LAW.	
21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE		21d. DATE SIGNED	
21e. ADDRESS		21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER	
22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION		22b. DATE	
22c. NAME OF CEMETERY OR CREMATORY		22d. EMBALMER—SIGNATURE	
22e. EMBALMER—LICENSE NUMBER		22f. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		26. IF NOT CERTIFIED BY CORONER—THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	
27. LOCAL REGISTRAR—SIGNATURE		28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR	
29. PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <u>Heart Disease</u> (B) <u>Heart Disease</u> (C) <u>Heart Disease</u>		30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.	
31. WAS OPERATION ON BLOODY PERFORMED (OR ANY CONDITION IN ITEM 39 OR 30) (SPECIFY YES OR NO)		32a. AUTOPSY (SPECIFY YES OR NO)	
32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)		33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)	
36a. DATE OF INJURY—MONTH, DAY, YEAR		36b. HOUR	
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) (MILES)	
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)	
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)			
STATE REGISTRAR		A. B. C. D. E. F.	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SAN JOAQUIN } SS

DATE ISSUED **DEC 19 2011**



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*Kenneth W. Blakemore*  
KENNETH W. BLAKEMORE, Recorder  
SAN JOAQUIN COUNTY, CALIFORNIA

