

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN JOAQUIN

STOCKTON, CALIFORNIA

3900 - 0589

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST			12. LAST		
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE			12. SOCIAL SECURITY NUMBER		
11A. CITIZEN OF WHAT COUNTRY			13. MARITAL STATUS		
11C. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE			14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		
15. PRIMARY OCCUPATION			16. NUMBER OF YEARS THIS OCCUPATION		
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)			18. KIND OF INDUSTRY OR BUSINESS		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET APT. NUMBER OR LOCATION)			19B. CITY OR TOWN		
19C. COUNTY			19D. STATE		
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			21. CITY OR TOWN		
21A. PLACE OF DEATH			21B. COUNTY		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN		
22. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C			24. WAS DEATH REPORTED TO CORONER?		
22A. IMMEDIATE CAUSE			25. WAS BIOPSY PERFORMED?		
22B. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE			26. WAS AUTOPSY PERFORMED?		
22C. STATIFY THE UNDERLYING CAUSE LAST.			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN			27. TYPE OF OPERATION		
28A. CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		
28C. DATE SIGNED			28D. PHYSICIAN'S LICENSE NUMBER		
28E. TYPE PHYSICIAN'S NAME AND ADDRESS			29. SPECIFY ACCIDENT, SUICIDE, ETC.		
29. SPECIFY ACCIDENT, SUICIDE, ETC.			30. PLACE OF INJURY		
30. PLACE OF INJURY			31. INJURY AT WORK		
31. INJURY AT WORK			32A. DATE OF INJURY—MONTH, DAY, YEAR		
32A. DATE OF INJURY—MONTH, DAY, YEAR			32B. HOUR		
32B. HOUR			33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN INQUIRY- INVESTIGATION		
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN INQUIRY- INVESTIGATION			35B. CORONER—SIGNATURE AND DEGREE OR TITLE		
35B. CORONER—SIGNATURE AND DEGREE OR TITLE			35C. DATE SIGNED		
35C. DATE SIGNED			36. DISPOSITION		
36. DISPOSITION			37. DATE—MONTH, DAY, YEAR		
37. DATE—MONTH, DAY, YEAR			38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			40B. LICENSE NO.		
40B. LICENSE NO.			41. LOCAL REGISTRAR—SIGNATURE		
41. LOCAL REGISTRAR—SIGNATURE			42. DATE RECEIVED BY LOCAL REGISTRAR		
42. DATE RECEIVED BY LOCAL REGISTRAR			43. STATE REGISTRAR		
43. STATE REGISTRAR			44. DATE		



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SAN JOAQUIN

SS DATE ISSUED APR 19 2012



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

