

CERTIFICATION OF VITAL RECORD

COUNTY of SISKIYOU

Yreka, California

CERTIFICATE OF DEATH

3 2005 47 000459

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITED OUTS OR ALTERATIONS VS-11 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)	
Raymond		-		Sullivan	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy		5. AGE Yrs.	
Sully Sullivan		06/15/1915		90	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
MI		377-12-1480		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/ccyy		8. HOUR (24 Hours)	
Married		12/28/2005		0250	
13. EDUCATION — Highest Level/Degree (Use Worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(AS)SPANISH? (If yes, see worksheet on back.)		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
Some College <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		White	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
District Electrician		High School District		25	
20. DECEDENT'S RESIDENCE (Street and number or location)					
3210 Racoon Dr.					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
Hornbrook		Siskiyou		96044	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
27		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
Josephine Sullivan - Spouse			P.O. Box 186, Hornbrook, CA 96044		
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE		30. LAST (Maiden Name)	
Josephine		-		Arena	
31. NAME OF FATHER — FIRST		32. MIDDLE		33. LAST	
Bert		-		Sullivan	
34. BIRTH STATE		35. NAME OF MOTHER — FIRST		36. MIDDLE	
NY		Mabel		-	
37. LAST (Maiden)		38. BIRTH STATE			
Goyette		IL			
39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION			
01/03/2006		Henley-Hornbrook Cemetery, Hornbrook, CA 96044			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
Burial		<i>Hawley D Smith</i>		7362	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. QUALITY OF LOCAL REGISTRAR	
Girdner Funeral Chapel		FD 201		by <i>Jenna Dawson</i>	
47. DATE mm/dd/ccyy		101. PLACE OF DEATH			
01/03/2006		Madrone Hospice House			
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. COUNTY	
<input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
		255 Collier Circle		Yreka	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONERY		109. BIRTH STATE	
Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		Time Interval Between Onset and Death		NY	
(A) IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. BIRTH STATE	
Cardiorespiratory Failure		1-06-0014		CA	
(B) Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		110. BIOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
Atherosclerotic Vascular Disease		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
Alzheimers Disease					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
-					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIED		116. LICENSE NUMBER	
Decedent Attended Since mm/dd/ccyy		Decedent Last Seen Alive mm/dd/ccyy		661132	
(A) 05/12/1994		(B) 02/23/2005		117. DATE mm/dd/ccyy	
		Steve Kolpacoff M.D., 105 E. Oberlin, Yreka, CA 96097		01/02/2006	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. INJURED AT WORK?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/ccyy		123. HOUR (24 Hours)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
		127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A B C D E					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SISKIYOU



THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AND PLACED ON FILE IN THE OFFICE OF THE SISKIYOU COUNTY RECORDER.

ATTEST: *Jenna Dawson*

DATE ISSUED: 1-3-06 PR

THIS COPY NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING DATE AND SIGNATURE OF DEPUTY COUNTY RECORDER.

