

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY
PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

3052014233767

CERTIFICATE OF DEATH

3201439004650

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITED OUTS OR ALTERATIONS VS-14 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) STEPHANIE		2. MIDDLE ANNE		3. LAST (Family) EBEL	
AKA - ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH m/m/dd/ccyy 08/20/1949		5. AGE Yrs. 65		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY KANSAS		10. SOCIAL SECURITY NUMBER 568-80-8223		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (at Time of Death) DIVORCED		7. DATE OF DEATH m/m/dd/ccyy 12/19/2014		8. HOUR (24 Hours) 0523	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CARD DEALER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CASINO		
20. DECEDENT'S RESIDENCE (Street and number, or location) 59 CAMINO REAL DRIVE			19. YEARS IN OCCUPATION 20		
21. CITY LODI		22. COUNTY/TERRITORY SAN JOAQUIN		23. ZIP CODE 95240	
24. YEARS IN COUNTY 50		25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP FRED MORGAN, BROTHER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1945 CHICKADEE LANE, LODI, CA 95240		
28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST FRED		32. MIDDLE M		33. LAST MORGAN	
34. BIRTH STATE KS		35. NAME OF MOTHER/PARENT - FIRST MOLLY		36. MIDDLE VIRGINIA	
37. LAST (BIRTH NAME) HUGHES		38. BIRTH STATE KS			
39. DISPOSITION DATE m/m/dd/ccyy 12/24/2014		40. PLACE OF FINAL DISPOSITION CHEROKEE MEMORIAL PARK CEMETERY HIGHWAY 99 & HARNEY LANE, LODI, CA 95240			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER JEROME RUDOW		43. LICENSE NUMBER EMB7989	
44. NAME OF FUNERAL ESTABLISHMENT DONAHUE FUNERAL HOME		45. LICENSE NUMBER FD435		46. SIGNATURE OF LOCAL REGISTRAR ALVARO GARZA, MD, MPH	
47. DATE m/m/dd/ccyy 12/22/2014					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN JOAQUIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 59 CAMINO REAL DRIVE		106. CITY LODI	
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal event(s) such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) CARDIOPULMONARY ARREST (B) END STAGE COPD		108. DEATH REPORTED TO CORONER? Time Interval Between Death and Death (A) MINS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) MOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.)					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since m/m/dd/ccyy 12/12/2014		115. SIGNATURE AND TITLE OF CERTIFIER OTASHE NYOKU GOLDEN M.D.		116. LICENSE NUMBER A70035	
117. DATE m/m/dd/ccyy 12/19/2014		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE OTASHE NYOKU GOLDEN, M.D. 9098 LAGUNA MAIN ST STE 6, ELK GROVE, CA 95758			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE m/m/dd/ccyy					
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
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 m/m/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E *010001002610909* FAX AUTH.# CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA } SS
 COUNTY OF SAN JOAQUIN }
 DATE ISSUED: **DEC 24 2014** * 0 0 0 6 9 5 0 5 2 *

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

Alvaro Garza
ALVARO GARZA, M.D., M.P.H.
 LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

