

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES

STOCKTON, CALIFORNIA

CERTIFICATE OF DEATH

3201239001207

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) SHIRLEY		2. MIDDLE H		3. LAST (Family) JOHNSON	
4. DATE OF BIRTH mm/dd/yyyy 09/05/1932			5. AGE Yrs. 79		6. SEX F
9. BIRTH STATE/FOREIGN COUNTRY CA			10. SOCIAL SECURITY NUMBER 552-40-2494		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
12. MARITAL STATUS/SDP* (in Time of Death) WIDOWED			7. DATE OF DEATH mm/dd/yyyy 03/28/2012		8. HOUR (24 Hours) 0927
13. EDUCATION—Highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" 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 CREDIT MANAGER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COLLECTION AGENCY		19. YEARS IN OCCUPATION 14
20. DECEDENT'S RESIDENCE (Street and number, or location) 341 E LOCUST ST					
21. CITY LODI		22. COUNTY/PROVINCE SAN JOAQUIN		23. ZIP CODE 95240	24. YEARS IN COUNTY 74
25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2 N. AVENA AVE, LODI, CA 95240			
26. INFORMANT'S NAME, RELATIONSHIP MARY JEAN PARVIN, SISTER					
28. NAME OF SURVIVING SPOUSE/SDP—FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT—FIRST JACK		32. MIDDLE DELWIN		33. LAST HUGHES	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT—FIRST RUBY		36. MIDDLE LORRAINE	
37. LAST (BIRTH NAME) AMBURN		38. BIRTH STATE TX		39. DISPOSITION DATE mm/dd/yyyy 04/04/2012	
40. PLACE OF FINAL DISPOSITION CHEROKEE MEMORIAL PARK HWY 99 AND HARNEY LANE, LODI, CA 95240					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED			
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT LODI FUNERAL HOME INC		45. LICENSE NUMBER FD627	
46. SIGNATURE OF LOCAL REGISTRAR ▶ KAREN FURST, MD		47. DATE mm/dd/yyyy 03/29/2012		48. LOCAL REGISTRAR'S OFFICE	
101. PLACE OF DEATH RESIDENCE - OWN					
104. COUNTY SAN JOAQUIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 341 LOCUST STREET			106. CITY LODI
107. CAUSE OF DEATH 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. (A) ASPIRATION PNEUMONIA (B) CLOSTRIDIUM DIFFICILE COLITIS					
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 type="checkbox"/> NO			112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					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: 09/02/2009 (A) mm/dd/yyyy Decedent Last Seen Alive: 03/19/2012 (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER ▶ EDMUND ARTHUR FREUND M.D.		116. LICENSE NUMBER A34171 117. DATE mm/dd/yyyy 03/29/2012	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE EDMUND ARTHUR FREUND M.D. 1901 W KETTLEMAN LANE, LODI, CA 95242					
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"/> Poisoning <input type="checkbox"/> 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: mm/dd/yyyy		
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 mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR A B C D E *010001002028065* FAX AUT.# *000612679*

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN JOAQUIN } SS

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

DATE ISSUED: **APR 03 2012**

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Karen Furst, MD
KAREN FURST, MD, MPH
LOCAL REGISTRAR

