

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of STANISLAUS

MODESTO, CALIFORNIA

CERTIFICATE OF DEATH

3200150000739

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) LOUIS		2. MIDDLE -		3. LAST (FAMILY) PEREZ	
4. DATE OF BIRTH M/M/DD/CCYY 10/29/1935		5. AGE YRS. 65		6. SEX M	
7. DATE OF DEATH M/M/DD/CCYY 03/07/2001		8. HOUR 2000			
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 567-42-3621		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 10			
14. RACE White		15. HISPANIC—SPECIFY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. USUAL EMPLOYER Self-employed	
17. OCCUPATION Barber		18. KIND OF BUSINESS Hair Care		19. YEARS IN OCCUPATION 44	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 6629 8th Street					
21. CITY Riverbank		22. COUNTY Stanislaus		23. ZIP CODE 95367	
24. YEAR IN COUNTY 65		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP Del Perez-Wife		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 6629 8th Street Riverbank, Calif. 95367			
28. NAME OF SURVIVING SPOUSE—FIRST Del		29. MIDDLE -		30. LAST (MAIDEN NAME) Benitez	
31. NAME OF FATHER—FIRST Louis		32. MIDDLE -		33. LAST Perez	
34. BIRTH STATE MX		35. NAME OF MOTHER—FIRST Frances		36. MIDDLE -	
37. LAST (MAIDEN) Rodriguez		38. BIRTH STATE TX			
39. DATE M/M/DD/CCYY 03/13/2001		40. PLACE OF FINAL DISPOSITION St. Stanislaus Cemetery Modesto, California			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER <i>Allycia Johnson-Wilson</i>		43. LICENSE NO. 8138	
44. NAME OF FUNERAL DIRECTOR Riverbank Memorial Chapel		45. LICENSE NO. FD 1036		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE M/M/DD/CCYY 03/08/2001		48. SIGNATURE OF DEPUTY REGISTRAR <i>[Signature]</i>			
101. PLACE OF DEATH Residence: Own		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. COUNTY Stanislaus		105. CITY Riverbank			
106. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 6629 8th Street		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Cardiopulmonary arrest 10 mins (B) End stage metastatic gastric cancer 7 mos (C) (D)			
108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER #1228		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input 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 RELATED TO 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. Hemigastrectomy 07/26/2000					
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: 09/08/2000 DECEDENT LAST SEEN ALIVE: 03/01/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> Robert D'Aquisto, MD		116. LICENSE NO. G 35641	
117. DATE M/M/DD/CCYY 03/08/2001		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 830 Scenic Dr. Modesto, Ca. 95350			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY	
122. HOUR		123. PLACE OF INJURY			
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 34681	
CENSUS TRACT					

50-135609

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF STANISLAUS

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DATE ISSUED

AUG 15 2001

*Karen Mathews*KAREN MATHEWS, Clerk-Recorder
STANISLAUS COUNTY, CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Stanislaus County Clerk-Recorder.

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