

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF SAN DIEGO

### CERTIFICATE OF DEATH

3201037001236

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO CORRECTIVES, WHITEOUTS OR ALTERATIONS VS-14 (REV 3/06)</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>ALBERTA</b>		2. MIDDLE <b>MAE</b>		3. LAST (Family) <b>O'NEIL</b>	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>02/21/1920</b>	5. AGE Yrs. <b>89</b>	6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>OH</b>		10. SOCIAL SECURITY NUMBER <b>559-14-3200</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SPOUSE (at Time of Death) <b>WIDOWED</b>		7. DATE OF DEATH mm/dd/yyyy <b>01/23/2010</b>		8. HOUR (24 Hour) <b>0735</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>		14.15. WAS DECEDENT HISPANIC/LATINO/VA?/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>		19. YEARS IN OCCUPATION <b>72</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>4250 EASTRIDGE DR</b>					
21. CITY <b>LA MESA</b>		22. COUNTY/PROVINCE <b>SAN DIEGO</b>		23. ZIP CODE <b>91941</b>	24. YEARS IN COUNTY <b>45</b>
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>RICHARD DENAPLE, BROTHER</b>			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>415 N. SHATTUCK PL, ORANGE, CA 92866</b>					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
31. NAME OF FATHER/PARENT - FIRST <b>RICHARD</b>		32. MIDDLE <b>WERNER</b>		33. LAST <b>DENAPLE</b>	
34. BIRTH STATE <b>OH</b>		35. NAME OF MOTHER/PARENT - FIRST <b>RUBY</b>		36. MIDDLE <b>LILLIAN</b>	
37. LAST (BIRTH NAME) <b>BECKENBACH</b>		38. BIRTH STATE <b>OH</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>02/02/2010</b>		40. PLACE OF FINAL DISPOSITION <b>EL CAMINO MEMORIAL PARK 5600 CARROLL CANYON RD, SAN DIEGO, CA 92121</b>			
41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>EL CAMINO MEMORIAL-SV</b>		45. LICENSE NUMBER <b>FD-1260</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>WILMA WOOTEN, MD</b>	
47. DATE mm/dd/yyyy <b>01/26/2010</b>					
101. PLACE OF DEATH <b>GROSSMONT GARDENS HEALTH CENTER</b>					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> HOSP/ICU		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> NURSING HOME/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY <b>SAN DIEGO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>5480 MARENGO AVE</b>		106. CITY <b>LA MESA</b>	
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. <b>RESPIRATORY ARREST</b>		Time Interval Between Onset and Death (A) <b>20 MINS</b>		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>METASTATIC MELANOMA TO LUNG/BRAIN</b>		(B) <b>3 MOS</b>		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Underlying Cause (disease or injury that initiated the events resulting in death) LAST		(C)		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D)		(E)		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 <b>HYPERLIPIDEMIA, STATUS POST BREAST CANCER</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>BIOPSY LEFT BREAST NODULE 12/23/2009, LUMPECTOMY LEFT BREAST 01/08/2008</b>				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: <b>01/06/1994</b> Decedent Last Seen Alive: <b>01/14/2010</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>JOHN BINJAMIN MARINO III M.D.</b>		116. LICENSE NUMBER <b>G23434</b>	
117. DATE mm/dd/yyyy <b>01/26/2010</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JOHN BINJAMIN MARINO III M.D. 6386 ALVARADO COURT STE 310, SAN DIEGO, CA 92120</b>			
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 mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. 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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	



\* A 002073954 \*

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: January 28, 2010

*Wilma J. Wooten, M.D.*  
WILMA J. WOOTEN, MD  
REGISTRAR OF VITAL RECORDS  
County of San Diego

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