



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

MADERA COUNTY

PUBLIC HEALTH DEPARTMENT  
MADERA, CALIFORNIA 93638

CERTIFICATE OF DEATH

3-2002-20-000531

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) KENNETH		2. MIDDLE W.		3. LAST (FAMILY) JORGENSEN			
4. DATE OF BIRTH M/M/DD/CCYY 11/03/1930		5. AGE YRS. 71		6. SEX M		7. DATE OF DEATH M/M/DD/CCYY 09/11/2002	
8. HOUR 1320		9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. -4922		11. MILITARY SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 14		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16. USUAL EMPLOYER I.B.E.W.		17. OCCUPATION Electrician		18. KIND OF BUSINESS construction		19. YEARS IN OCCUPATION 25	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 34598 Road 603							
21. CITY Madera		22. COUNTY Madera		23. ZIP CODE 93638		24. YRS IN COUNTY 10	
25. STATE OR FOREIGN COUNTRY California		26. NAME, RELATIONSHIP Lani Jorgensen - Wife					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 34598 Road 603, Madera, CA 93638		28. NAME OF SURVIVING SPOUSE—FIRST Lani					
29. MIDDLE Strong		30. LAST (MAIDEN NAME) Jorgensen				34. BIRTH STATE Denmark	
31. NAME OF FATHER—FIRST Lenius		32. MIDDLE -		33. LAST Jorgensen		38. BIRTH STATE Denmark	
35. NAME OF MOTHER—FIRST Joanna		36. MIDDLE -		37. LAST (MAIDEN) Pedersen		38. BIRTH STATE Denmark	
39. DATE M/M/DD/CCYY 09/16/2002		40. PLACE OF FINAL DISPOSITION RES: Lani Jorgensen, 34598 Road 603, Madera, CA 93638					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER not embalmed				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR Neptune Society of Central CA		45. LICENSE NO. FD1332		46. SIGNATURE OF LOCAL REGISTRAR Richard B. Arnold MD EG Richard B. Arnold M.D.		47. DATE M/M/DD/CCYY 09/13/2002	
101. PLACE OF DEATH Own Residence		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. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Madera	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 34598 Road 603		106. CITY Madera				107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	
IMMEDIATE CAUSE (A) PROBABLE RESPIRATORY FAILURE		TIME INTERVAL BETWEEN ONSET AND DEATH DAYS		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 02-7069			
DUE TO (B) CONGESTIVE HEART FAILURE		YEARS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) CHRONIC OBSTRUCTIVE PULMONARY DISEASE		YEARS		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)				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 POSSIBLE ACUTE RENAL FAILURE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NONE							
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 10/06/2000		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. A80302		117. DATE M/M/DD/CCYY 09/12/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP ADEL AGAIBY, MD 2615 E CLINTON AVE FRESNO CA 93703		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				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. #	
22002		CENSUS TRACT					

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF MADERA

SS.

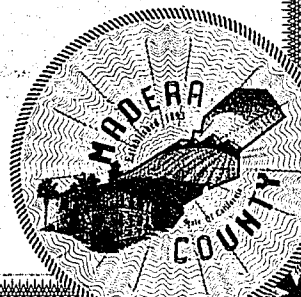
DATE ISSUED: 09/17/2002

BY *[Signature]*

Richard B. Arnold MD  
HEALTH OFFICER

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

REQUESTED BY  
**Stewart Title of Douglas County**

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 OCT 11 PM 4:00

LINDA SLATER  
RECORDER

\$ 16<sup>50</sup> PAID kg DEPUTY

0554596

BK 1002 PG 04828