

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY

Salinas, California

CERTIFIED COPY OF VITAL RECORDS

CERTIFICATE OF DEATH

3200227

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Alexandria		2. MIDDLE Teresa		3. LAST (FAMILY) Brumfield			
4. DATE OF BIRTH M/M/DD/CCYY 06/18/1953		5. AGE YRS. 48		6. SEX F		7. DATE OF DEATH M/M/DD/CCYY 05/13/2002	
9. STATE OF BIRTH NY		10. SOCIAL SECURITY NO. 0838		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married	
13. EDUCATION—YEARS COMPLETED 14		14. RACE Caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self Employed	
17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own Home		19. YEARS IN OCCUPATION 27			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1636 Vallejo St.							
21. CITY Seaside		22. COUNTY Monterey		23. ZIP CODE 93955		24. YRS IN COUNTY 3	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Kenneth Douglas Brumfield (Spouse)					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1636 Vallejo St., Seaside, CA 93955		28. NAME OF SURVIVING SPOUSE—FIRST Kenneth					
29. MIDDLE Douglas		30. LAST (MAIDEN NAME) Brumfield					
31. NAME OF FATHER—FIRST Unk		32. MIDDLE Unk		33. LAST Milbut		34. BIRTH STATE CT	
35. NAME OF MOTHER—FIRST Helen		36. MIDDLE Unk		37. LAST (MAIDEN) Unk		38. BIRTH STATE Unk	
39. DATE M/M/DD/CCYY 05/15/2002		40. PLACE OF FINAL DISPOSITION RES/ Kenneth Douglas Brumfield, 1636 Vallejo St., Seaside, CA 93955					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR Chapel Of Seaside		45. LICENSE NO. FD-1363		46. SIGNATURE OF LOCAL REGISTRAR <i>L. Velisquez, M.D.</i>		47. DATE M/M/DD/CCYY 05/14/2002	
101. PLACE OF DEATH Hospice House		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> TIP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input checked="" type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Monterey	
105. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 100 Barnet Segal Lane		106. CITY Monterey					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) Ovarian Carcinoma		TIME INTERVAL BETWEEN ONSET AND DEATH 3 Mos		108. DEATH REPORTED TO CORONER <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 type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Cirrhosis							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No							
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 05/12/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>L. Hausdorff MD</i>		116. LICENSE NO. G-72868		117. DATE M/M/DD/CCYY 05/14/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP John Hausdorff MD, 261 El Dorado St., Monterey, CA 93940		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 checked="" 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. # 5320		CENSUS TRACT	

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MONTEREY CO. DEPT. OF HEALTH
STATE OF CALIFORNIA
COUNTY OF MONTEREY

DATE ISSUED **MAY 15 2002**

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By *L. Velisquez, M.D.*, Local Registrar.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 APR 10 PM 12: 08

WERNER CHRISTEN
RECORDER

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