

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3 200309000515

STATE PRE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
CARLTON		REX		AKINS	
4. DATE OF BIRTH		5. AGE Yrs		6. SEX	
02/17/1937		66		M	
7. DATE OF DEATH		8. HOUR (24 Hours)		9. MONTH	
07/12/2003		1900		07	
10. SOCIAL SECURITY NUMBER		11. EVER SERVED FOREIGN		12. MARITAL STATUS	
[REDACTED] 0171		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Married	
13. EDUCATION - Highest Level/Degree		14.15. WAS DECEDENT SPANISH/Spann/Hispanic/Latino?		16. DECEDENT'S RACE	
Bachelor's		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		White	
17. USUAL OCCUPATION		18. BUSINESS OR INDUSTRY		19. YEARS IN OCCUPATION	
Vice President		Telecommunications		30	
20. DECEDENT'S RESIDENCE		21. CITY		22. COUNTY/PROVINCE	
1189 Sage Ocean Court		Gardnerville		Douglas	
23. ZIP CODE		24. YEARS IN COUNTY		25. STATE OR FOREIGN COUNTRY	
89460		3		NV	
26. DECEASED'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS		28. COUNTY/PROVINCE	
Ellen Akins, Wife		1189 Sage Ocean Court, Gardnerville, NV, 89460		NV	
29. NAME OF SURVIVING SPOUSE - FIRST		30. LAST (Maiden Name)		31. BIRTH STATE	
Ellen		Roberts		AL	
32. NAME OF FATHER - FIRST		33. MIDDLE		34. LAST	
Grover		Milburn		Akins	
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST (Maiden)	
Sibyl		-		Weeks	
38. DEPOSITION DATE		39. PLACE OF FINAL DISPOSITION		40. LICENSE NUMBER	
07/17/2003		Eastside Memorial Park, Minden, NV 89423		8541	
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. DATE	
BU		[Signature]		07/16/2003	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
Fitzhenry's Carson Valley		217		[Signature]	
47. PLACE OF DEATH		48. IF HOSPITAL, SPECIFY ONE		49. IF OTHER THAN HOSPITAL, SPECIFY ONE	
US HIGHWAY 50		<input type="checkbox"/> IP <input type="checkbox"/> EMV <input type="checkbox"/> DDA <input type="checkbox"/> Hospice		<input type="checkbox"/> Nursing Home/IC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
50. COUNTY		51. FACILITY ADDRESS OR LOCATION WHERE FOUND		52. CITY	
EL DORADO		US HIGHWAY 50		STRAWBERRY	
53. CAUSE OF DEATH		54. DEATH REPORTED TO CORONER?		55. DEATH REPORTED TO CORONER?	
BLUNT FORCE TRAUMA WITH CERVICAL VERTEBRAL FRACTURE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
56. IMMEDIATE CAUSE		57. AUTOPSY PERFORMED?		58. USED IN DETERMINING CAUSE?	
BLUNT FORCE TRAUMA WITH CERVICAL VERTEBRAL FRACTURE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		60. IF FEMALE, PREMENSTRUAL IN LAST YEAR?		61. LICENSE NUMBER	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		117	
62. WAS OPERATION PERFORMED FOR ANY CONDITION IN HEAD, NECK OR CHEST?		63. SIGNATURE AND TITLE OF CERTIFIER		64. DATE	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		[Signature]		07/14/2003	
65. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		66. RULLED AT WORK?		67. INJURY DATE	
[REDACTED]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		07/12/2003	
68. PLACE OF INJURY		69. TIME OF DEATH		70. HOUR (24 Hours)	
US HIGHWAY 50		1820		1820	
71. DE SCRIBE HOW INJURY OCCURRED		72. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		73. FAX AUTH #	
DECEDENT WAS EJECTED FROM VEHICLE IN SINGLE VEHICLE ACCIDENT CAUSING HIS DEATH		BILL LEARD/DEPUTY CORONER		3510	
74. LOCATION OF INJURY		75. SIGNATURE OF CORONER / DEPUTY CORONER		76. CENSUS TRACT	
EASTBOUND US HIGHWAY 50, STRAWBERRY, CA 95735		[Signature]		3510	
77. STATE REGISTRAR		78. DATE		79. CENSUS TRACT	
A B C D E		07/14/2003		3510	

BK 04 n Pg. 0321
 0609084
 0609084
 0609084
 0609084

SEAL



74960

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO



This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 07/18/2003

STEPHEN G. DROGIN, M.D.
 COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

