

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY
STANISLAUS COUNTY
PUBLIC HEALTH DIVISION

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY AND ENDSSESSES. WHITE OUTS OR ALTERATIONS VOID (REV. 1/94)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) PATRICK		2. MIDDLE JOSEPH		3. LAST (Family) GRINSELL	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH (mm/dd/yyyy) 12/06/1938		5. AGE Yrs 67		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 4980		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH (mm/dd/yyyy) 07/26/2006		8. HOUR (24 Hours) 0230	
13. OCCUPATION (Type of work for most of life. DO NOT USE RETIRED) PHYSICIAN		14. WAS DECEDENT A SPANISH A FINCH (SPANISH)? (If yes, see annotation on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. RACE (PRINT IN FULL) - List in 3 names (may list listed race next to last) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PHYSICIAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) HEALTH CARE		19. YEARS IN OCCUPATION 35	
20. DECEDENT'S RESIDENCE (Street and number or location) 5600 CHENAULT DR.					
21. CITY MODESTO		22. COUNTY/PROVINCE STANISLAUS		23. ZIP CODE 95356	
24. YEARS IN COUNTY 30		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP JEANNIE GRINSELL - WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 5600 CHENAULT DR., MODESTO, CA 95356			
28. NAME OF SURVIVING SPOUSE - FIRST JEANNIE		29. MIDDLE WOOD		30. LAST (Maiden Name) HOPKINS	
31. NAME OF FATHER - FIRST WOOD		32. MIDDLE P.		33. LAST GRINSELL	
34. BIRTH STATE CA		35. NAME OF MOTHER - FIRST HELEN		36. MIDDLE McGLYNN	
37. BIRTH STATE CA		39. DISPOSITION DATE (mm/dd/yyyy) 07/27/2006			
40. PLACE OF FINAL DISPOSITION RES: JEANNIE GRINSELL, 5600 CHENAULT DR., MODESTO, CA 95356					
41. TYPE OF DISPOSITIONS CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT FRANKLIN & DOWNS FUNERAL HOME		45. LICENSE NUMBER FD426		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE (mm/dd/yyyy) 07/27/2006		101. PLACE OF DEATH MEMORIAL MEDICAL CENTER			
104. COUNTY STANISLAUS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1700 COFFEE RD.		106. CITY MODESTO	
107. CAUSE OF DEATH Enter the chain of events - Disease, Trauma, or complications - that directly caused death. DO NOT infer terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (If not change or condition resulting in death) (A) INTRACRANIAL BLEED (B) ACUTE LEUKEMIA Sequentially list conditions, if any, leading to cause in Item A. Cite UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C) NONE 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING 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) NO 114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent's Attending Surgeon 115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE TUSHAR R. MODI, M.D., 413 E. ORANGEBURG AVE., #A, MODESTO, CA 95350 117. LICENSE NUMBER A 44738 118. DATE (mm/dd/yyyy) 07/27/2006 119. 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"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK 121. INJURY DATE (mm/dd/yyyy) 07/26/2006 122. HOUR (24 Hours) 0230 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) MEMORIAL MEDICAL CENTER 124. IF SCENE HOW INJURY OCCURRED (Events which resulted in injury) HEART ATTACK 125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) MEMORIAL MEDICAL CENTER, MODESTO, CA 95356 126. SIGNATURE OF CORONER / DEPUTY CORONER <i>[Signature]</i> 127. DATE (mm/dd/yyyy) 07/27/2006 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JOHN WALKER, M.D., LOCAL REGISTRAR OF VITAL STATISTICS					

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This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

[Signature]
JOHN WALKER, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED
07/27/2006

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

