

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3200749003256

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARGARET		2. MIDDLE ELIZABETH	
3. LAST (Family) HERMAN		4. DATE OF BIRTH mm/dd/yyyy 02/06/1956	
5. AGE Yrs. 51		6. SEX F	
7. DATE OF DEATH mm/dd/yyyy 11/08/2007		8. HOUR (24 Hours) 0810	
9. BIRTH STATE/FOREIGN COUNTRY RI		10. SOCIAL SECURITY NUMBER 0828	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO(AN)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) WHITE		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, meat construction, employment agency, etc.) HOSPITAL	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. REGISTERED NURSE		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number or location) 3211 DRY CREEK ROAD			
21. CITY NAPA		22. COUNTY/PROVINCE NAPA	
23. ZIP CODE 94558		24. YEARS IN COUNTY 21	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP TIMOTHY HERMAN, HUSBAND	
27. INFORMANT'S MAILING ADDRESS (Street and number or route number, city or town, state, ZIP) 3211 DRY CREEK ROAD, NAPA, CA 94558		28. NAME OF SURVIVING SPOUSE - FIRST TIMOTHY	
29. MIDDLE L		30. LAST (Maiden Name) HERMAN	
31. NAME OF FATHER - FIRST JOHN		32. MIDDLE GUTHRIE	
33. LAST GUTHRIE		34. BIRTH STATE NY	
35. NAME OF MOTHER - FIRST RITA		36. MIDDLE DRISCOLL	
37. LAST (Maiden) DRISCOLL		38. BIRTH STATE NY	
39. DISPOSITION DATE mm/dd/yyyy 11/16/2007		40. PLACE OF FINAL DISPOSITION TULOCAY CEMETERY 411 COOMBSVILLE ROAD, NAPA, CA 94559	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER ROBERT ROTA	
43. LICENSE NUMBER 7012		44. NAME OF FUNERAL ESTABLISHMENT CLAFFEY AND ROTA, FUNERAL HOME	
45. LICENSE NUMBER FD969		46. SIGNATURE OF LOCAL REGISTRAR MARY MADDUX-GONZALEZ, MC	
47. DATE mm/dd/yyyy 11/14/2007		101. PLACE OF DEATH SANTA ROSA MEMORIAL HOSPITAL	
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Outpatient		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SONOMA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1165 MONTGOMERY DRIVE	
106. CITY SANTA ROSA		107. CAUSE OF DEATH PENDING INVESTIGATION	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input 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 RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
115. SIGNATURE AND TITLE OF CERTIFIER Decedent Attended Since		116. LICENSE NUMBER	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
120. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
122. INJURY DATE mm/dd/yyyy			
123. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
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 LESLIE COMCRACK		127. DATE mm/dd/yyyy 11/08/2007	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER LESLIE COMCRACK, DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	

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 PG- 4860
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SONOMA

DATE ISSUED **03/19/2008**

000562940

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Mary Maddux-Sanzigale
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

PHYSICIAN/CORONER'S AMENDMENT

DEATHS AFTER 1-1994

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

USE BLACK INK ONLY

3052007133432

STATE FILE NUMBER

1.1

3200749003256

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION TO LOCATE RECORD			
NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) MARGARET	2. MIDDLE ELIZABETH	3. LAST (FAMILY) HERMAN
			4. SEX F
ADDITIONAL INFORMATION TO LOCATE RECORD	5. DATE OF EVENT—MM/DD/CCYY 11/08/2007	6. CITY OF OCCURRENCE SANTA ROSA	7. COUNTY OF OCCURRENCE SONOMA

PART II STATEMENT OF CORRECTIONS		
<p>5. CERTIFICATE ITEM NUMBER</p> <p>107A</p>	<p>9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD</p> <p>PENDING INVESTIGATION</p>	<p>10. INFORMATION AS IT SHOULD APPEAR</p> <p>BLUNT FORCE HEAD INJURIES</p>
	107AT	DAY
	107B	THROW FROM HORSE WHILE HORSEBACK RIDING
	107BT	DAY
	119	PENDING INVESTIGATION
	120	NO
	121	11/07/2007
	122	UNK
	123	ROADWAY
	124	DECEDENT WAS RIDING ON HORSEBACK, WHEN SHE WAS THROWN BACKWARDS FROM THE HORSE, STRIKING HER HEAD ON THE GROUND. EXTENSIVE HEAD INJURIES RESULTED, ULTIMATELY CAUSING DEATH.
	125	DRY CREEK ROAD, NAPA, CA 94558

LIST ONE ITEM PER LINE

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I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER LESLIE COMRACK	12. DATE SIGNED—MM/DD/CCYY 03/17/2008	13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DEPUTY CORONER
	14. ADDRESS—STREET AND NUMBER 3336 CHANATE ROAD	15. CITY SANTA ROSA	16. STATE CA
			17. ZIP CODE 95404
STATE/LOCAL REGISTRAR USE ONLY	18. OFFICE OF VITAL RECORDS OR SIGNATURE OF LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS	19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY 03/18/2008	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS VS 24A (REV. 10/03)

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PG- 4861
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COUNTY OF SONOMA } SS

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Mary Madeline Smigaj
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

