

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
 SACRAMENTO, CALIFORNIA

3052020238640		CERTIFICATE OF DEATH <small>USE BLACK INK ONLY / NO ERASURES, MARK-OUTS OR ALTERATIONS</small>	3202034010320	
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER		
1. NAME OF DECEDENT - FIRST (Given) JEMIMA		2. MIDDLE QUIRATMAN		3. LAST (Family) HALL
AKA, ALSO KNOWN AS - include NIKAMA (FIRST, MIDDLE, LAST):				
4. DATE OF BIRTH mm/dd/yyyy 07/12/1955		5. AGE Yrs. 65	6. UNDER ONE YEAR Month Day	7. UNDER 72 HOURS Hour Minute
8. BIRTH STATE/FOREIGN COUNTRY PI		10. SOCIAL SECURITY NUMBER 5482	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (SDP - In Effect of Death) MARRIED
13. EDUCATION - Highest level (Specify) (See work sheet on back) BACHELOR		14. HAS DECEDENT RESPICARE/ALZHEIMER? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S PLACE - Up to 3 names may be listed (see worksheet on back) FILIPINO
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ADMINISTRATIVE ASSISTANT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) HIGHER EDUCATION		19. YEARS IN OCCUPATION 23
20. DECEDENT'S RESIDENCE (Street and number, or location) 1424 KATHARINE AVENUE				
21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO	23. ZIP CODE 95938	24. YEARS IN COUNTY 23
25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and ZIP) 809 HUNTERS CREEK DRIVE, SACRAMENTO, CA 95838		
28. INFORMANT'S NAME, RELATIONSHIP SARAH QUIRATMAN, DAUGHTER		29. INFORMANT'S SIGNATURE (Print and number, or rural route number, city or town, state and ZIP) 809 HUNTERS CREEK DRIVE, SACRAMENTO, CA 95838		
24. NAME OF SURVIVING SPOUSE(S) - FIRST DOUGLAS		25. MIDDLE PAUL		30. LAST (BIRTH NAME) HALL
31. NAME OF FATHER/PARENT - FIRST BONIFACIO		32. MIDDLE ROSARIO		33. LAST QUIRATMAN
35. NAME OF MOTHER/PARENT - FIRST NATIVIDAD		36. MIDDLE JOLA		37. LAST (BIRTH NAME) ORA
38. BIRTH STATE PI		39. BIRTH STATE PI		38. BIRTH STATE PI
39. DISPOSITION DATE mm/dd/yyyy 10/22/2020		40. PLACE OF FINAL DISPOSITION LINGAYEN PUBLIC CEMETERY SALVACION STREET, MANIBOC LINGAYEN PANGASINAN, PHILIPPINES 2401		
41. TYPE OF DISPOSITIONS CR/TR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER 10/22/2020
44. NAME OF FUNERAL ESTABLISHMENT EAST LAWN CEMETERIES FUNERAL HOMES CREMATION PRE-PLANNING		45. LICENSE NUMBER FD1242		46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ENOC <input type="checkbox"/> OOM <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home/ LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1424 KATHARINE AVENUE		106. CITY SACRAMENTO
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT skip terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) PANCREATIC ADENOCARCINOMA - STAGE IV		108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> MOS. 20-05987		
109. BODYSY PERFORMED? (B) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
111. UNDERLYING CAUSE? (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 WRITTEN 107 OR 112? (If yes, list type of operation and date.) ESOPHAGOGASTRODUODENOSCOPY WITH ULTRASOUND - 02/15/2019		113A. IF FEMALE, PREGNANT IN (LAST YEAR) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		
114. COUNTY THAT TO THE BEST OF AN ANATOMICAL DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE ENTERED. Decedent's Address Since Decedent Last Seen Alive 02/28/2019 ; 10/06/2020		115. SIGNATURE AND TITLE OF CERTIFIER WAHEED MURAD M.D.		116. LICENSE NUMBER A109376
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RICHARD MCNEILL GUY M.D. 1600 EUREKA ROAD, ROSEVILLE, CA 95661		117. DATE mm/dd/yyyy 10/16/2020		
118. CERTIFY TO THE BEST OF YOUR KNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. HARRISON 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		119. SECURED BY WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE (mm/dd/yyyy)
120. INJURY HOUR (24 Hours)		122. INJURY DATE (mm/dd/yyyy)		
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, city, state, and zip)				
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER
STATE REGISTRAR		FAX AUTH/LA		CENSUS TRACT

CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sacramento County Clerk/Recorder.

DATE ISSUED:

MAR 23 2023

* 002125414 *

Donna Allred
 DONNA ALLRED, COUNTY CLERK/RECORDER
 SACRAMENTO COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

