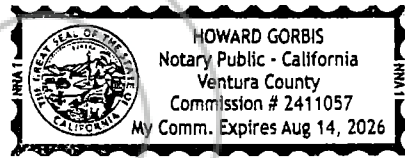


A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

State of California)
County of Ventura) ss.

Subscribed and sworn to (or affirmed) before me on this 23rd day of July 2024, by Sandra Akers, who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Howard Gorbis



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

3052024057586

CERTIFICATE OF DEATH

3202441001017

1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Surname)	
MARY		IRENE		AKERS	
4. DATE OF BIRTH (Month/Day/Year)					
12/14/1923					
5. AGE (Years)					
100					
6. MARRIAGE STATUS (Date of Death)					
WIDOWED					
7. DATE OF DEATH (Month/Day/Year)					
03/09/2024 FND					
8. HOUR (24 Hour)					
1326 FND					
9. EDUCATION (Highest Grade Completed)					
HS GRADUATE					
10. WAS DECEASED WORKING (Date of Death)					
NO					
11. RACE (Specify)					
CAUCASIAN					
12. USUAL OCCUPATION (Type of work for most of life)					
EXECUTIVE SECRETARY					
13. KIND OF BUSINESS OR INDUSTRY (Type of work for most of life)					
HEALTH CARE					
14. YEARS OF EDUCATION					
32					
15. DECEASED'S RESIDENCE (Street and number, apartment, etc.)					
1409 ARDEN LN					
16. CITY					
BELMONT					
17. COUNTY					
SAN MATEO					
18. ZIP CODE					
94002					
19. YEARS IN COUNTY					
67					
20. STATE (Abbreviation)					
CA					
21. INFORMANT'S NAME (Relationship)					
SANDRA JEANNE AKERS, DAUGHTER					
22. INFORMANT'S MAILING ADDRESS (Street and number, city, state and zip)					
66 ROSEHEAD LN, OAK PARK, CA 91377					
23. NAME OF SPOUSE (First, Middle, Last)					
EDWARD BOYD AKERS					
24. NAME OF FATHER (First, Middle, Last)					
EDWARD BOYD AKERS					
25. NAME OF MOTHER (First, Middle, Last)					
NETTIE FRIZELLE					
26. DATE OF DEATH					
03/20/2024					
27. PLACE OF DEATH (Hospital, Home, etc.)					
PIERCE BROTHERS VALLEY OAKS MEMORIAL PARK					
5600 LINDERO CANYON RD, WESTLAKE VILLAGE, CA 91362					
28. TYPE OF DISPOSITION					
BURIAL					
29. SIGNATURE OF EMBALMER					
STEFANIE ANN CALLOWAY					
30. LICENSE NUMBER					
FD1344					
31. SIGNATURE OF LOCAL REGISTRAR					
KISMET BALDWIN-SANTANA, MD					
32. LICENSE NUMBER					
EMB9106					
33. DATE OF DEATH					
03/19/2024					
34. PLACE OF DEATH (Residence, Hospital, etc.)					
RESIDENCE					
35. COUNTY					
SAN MATEO					
36. FACILITY ADDRESS OR LOCATION (Street and number, city, state and zip)					
1409 ARDEN LANE					
37. CITY					
BELMONT					
38. CAUSE OF DEATH (Under the classification of diseases, injuries or complications, state directly cause of death. Do not enter "Heart Disease" unless it is the cause of death. Abbreviate.)					
HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE					
39. UNDERLYING CAUSE OF DEATH (Specify)					
HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE					
40. OTHER (Specify)					
NONE					
41. OPERATION PERFORMED FOR ANY CONDITION (Type of operation and date)					
NO					
42. SIGNATURE OF PHYSICIAN (Type of operation)					
ROBERT J FOUCAULT					
43. DATE					
03/13/2024					
44. TYPE AND TITLE OF OFFICER (Type of position)					
ROBERT J FOUCAULT, CORONER					
45. COUNTY					
SAN MATEO					
46. PLACE OF DEATH (Specify)					
RESIDENCE					
47. INJURED AT WORK?					
NO					
48. INJURY DATE (Month/Day/Year)					
49. HOUR (24 Hour)					
50. SIGNATURE OF CORONER (Type of position)					
ROBERT J FOUCAULT					
51. DATE					
03/13/2024					
52. TYPE AND TITLE OF OFFICER (Type of position)					
ROBERT J FOUCAULT, CORONER					



This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

DATE ISSUED 03/28/2024 MARIAN CORONEL

K Baldwin-Santana MD K Baldwin-Santana MD

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

