CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/97)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
ELIGIA	-	MUNGUIA

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
12/01/1899	99			F	06/08/1999	1230

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLE
MEXICO	545-38-1749	[ ] YES [X] NO [ ] UNK	WIDOW	8

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
CAUCASIAN	[X] YES MEXICAN/AMERICAN [ ] NO	TRUSTY'S RESTAURANT

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
DISHWASHER	RESTAURANT	8

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION)				
5225 SOUTH 'J' ST.				
21. CITY	**22. COUNTY**	**23. ZIP CODE**	**24. YRS IN COUNTY**	**25. STATE OR FOREIGN COU**
OXNARD	VENTURA	93033	11	CALIFORNIA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE,
JOSEPHINE VASQUEZ - DAUGHTER	2932 SOUTH 'A' ST., OXNARD, CA 93033

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
-	-	-	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH**
MELECIO	-	TERRAZAS	MEXIC
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH**
ISABEL	-	RANSCON	NM

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
06/12/1999	TEHACHAPI PUBLIC CEMETERY, WESTSIDE, TEHACHAPI, CA 93561

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
BU	▶ Jerry D. Wood	5712

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/C
WOOD FAMILY FUNERAL SERVICE	FD1405	▶	

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
SHORELINE CARE CENTER	[ ] IP [ ] ER/OP [ ] DOA	[X] CONV. HOSP. [ ] RES. CARE [ ] OTHER	VENTURA

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	106. CITY
5225 SOUTH 'J' ST.	OXNARD

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) HYPOVOLEMIC SHOCK	HOURS
DUE TO	(B) VOLUME DEPLETION DISORDER	1 WK.
DUE TO	(C) SWALLOWING DYSFUNCTION	6 MOS.
DUE TO	(D) ARTERIOSCLEROSIS	YEARS

108. DEATH REPORTED TO CORO: [ ] YES [X] NO — REFERRAL NUMBER

109. BIOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [ ] YES [X] NO

111. USED IN DETERMINING CAUS: [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107

PROTEIN CALORIE MALNUTRITION; ANEMIA.

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.

NO.

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/C
05/07/1990	05/21/1999	▶ Edgardo Falcon, MD	A031579	06/09/1999

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP

EDGARDO FALCON, MD 1050 N. VENTURA RD., OXNARD, CA 9303(

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
[ ] YES [ ] NO			

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRA

** TOTAL PAGE.03 **