STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

STA	TE FILE NUMBER		TEOUTS OR ALTERATION		TRATION NUMBER				
1461	Ramon 4. DATE OF BIRTH H M/DD/CCYY 5.	AGE YRS. IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	RS. IF UNDER 1 YEAR IF UNDER 24 HOURS 6. SEX		Doria 7. Date of Death M.M.D.D.C.G.Y.Y D. HOUR				
DECEDENT	9, STATE OF BIRTH 10. SOCIAL SECU		a	10/14/1997	2030 EDUCATION YEARS COMPLET				
DATA	Cauc.	SPANIC SPECIFY K Yes Mexican 2 [16, USU	ia Pharmacy					
	17. occupation Accounting Clerk 20. RESIDENCE—(STREET AND NUMBER OR	Pharmacy			EARS IN OCCUPATION				
USUAL	929-25th St. 21. erry San Diego	22. COUNTY San Diego	23, ZIP CODE 92102	24. YRS IN COUNTY 1	25. STATE OR FOREIGN COUN				
YFORMANT	20. NAME, RELATIONSHIP Mary Beauparlant, niece 27. Mally appress (street also number on aural noute houses, city on thom; spart Mary Beauparlant, niece 27. Mally View Dr., San Diego, CA 92115								
SPOUSE	28. NAME OF SURVIVING SPOUSE—FIRST 31. NAME OF FATHER—FIRST	29. MIDDLE	30. LAST (M	AIDEN NAME)	34. BIRTH 8				
AND PARENT INFORMATION	Manuel 35. NAME OF MOTHER—PIRST	Maria 36. MHODLE	Doria	(AIDEN)	Mexico 38. sign				
SPOSITION(S)	Macloyia		de la		Mexic				
PUNERAL IRECTOR AND LOCAL EGISTRAR	42. SIGNATURE OF EMBALMEN (43. HOLDER M.) CR/RES 43. HAME OF FUNERAL DIRECTOR 45. LICENSE NO. 46. SIGNATURE OF LOCAL DISTURBER AT ATT. DATE M M/D D/GC								
PLACE OF DEATH	Tot. Place of Death San Diego Hospice Acute Cr. IP BRIOF DOA COUNTY THE THAN NOSTRAL 104. COUNTY San Diego Hospice Acute Cr. IP BRIOF DOA COUNTY CARE NAW ROSTRAL 104. COUNTY San Diego Tos. Street Address I STREET AND NUMBER OF LOGATION San Diego San Diego San Diego TOS. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A.T. B. C. AND. D.) THE INTERVAL 106. BEATH REPORTED								
		ONE CAUSE PER LINE FOR A. B. C.	AND D)	TIME INTERVAL 10	an Diego 8. DEATH REPORTED TO COROR				
105		31110	AND D	TIME INTERVAL 10 AND DEATH	an Diego 8. DEATH REPORTED TO COROL YES REFERRAL NUMBER 9. BIOPSY PERFORMED				
AUSE CAUSE	JAMEDIATE	31110	AND, D)	TIME INTERIOR 10	8. BEATH REPORTED TO COROL YES X NO 8. BIOPSY PERFORMED YES X NO 0. AUTOPSY PERFORMED				
CAUSE OF DEATH	DUE TO (D)	onia		THE INTERVAL SO	9. SIOPSY PERFORMED YES X NO REFERRAL NUMBER 9. SIOPSY PERFORMED YES X NO O, AUTOPSY PERFORMED YES X NO				
DEATH	DUE TO (B)	onia	TEG TO CAUSE GIVEN IN	TIME ROTEFFUL 16 AND DEATH TWK 101 107	S. DEATH REPORTED TO CORD. YES X NO REFERRAL NUMBER YES X NO O. AUTOPBY PERFORMED YES X NO I. USED IN DETERMINING GAUS				
PHYSI- GIAN'S	DUE TO (B) DUE TO (C) DUE TO	CONSTITUTING TO DEATH BUT NOT RELATION TO THE ATTENDING PRISE CONSTITUTION IN ITEM 107 OR 11at IP	YES TO CAUSE GIVEN IN YES, LIST TYPE OF OPE OF GERTIFIER CIAN'S NAME, MAILING A	TIME INTERNAL 16 AND DEATH TWK 107 107 116. LICENSE NO. A47821 ODDRESS, XIP	S. DEATH REPORTED TO CORDI YES NO REFERRAL NUMBER S. SIOPSY PERFORMED YES NO O. AUTOPSY PERFORMED YES NO I. USED IN DETERMINING CAUS YES NO 1. USED IN DETERMINING CAUS YES NO 1. USED IN DETERMINING CAUS YES NO				
PHYSI- GIAN'S ERTIFICA- TION	DUE TO (D) 112. OTHER SIGNIFICANT CONDITIONS CONT Dehydration, Peptic Ulc 113. WAS OPERATION PERFORMED FOR ANY 114. I CERTIFY THAT TO THE BEST OF MY KNO	OPTIA OPTIBUTING TO DEATH BUT NOT RELATED TO SEASE OGNOTION IN ITEM 107 OR 1121 IF OTHER TO SEASE OGNOTION IN ITEM 107 OR 1121 IF	yes, list type of ope of certifier cian's name, mailing a ati, 4276 54th gury date m m/dd/cc	TIME ROTENUL 16 AND BEATH TWK 100 110 111 111 111 111 111 1	S. DEATH REPORTED TO CORD. YES NO REFERRAL NUMBER S. SIOPSY PERFORMED YES NO D. AUTOPSY PERFORMED YES NO 1. USED IN DETERMINING GAUS YES NO 1. USED IN DETERMINING GAUS 1. USED IN DETERMINING GAUS YES NO 1. USED IN DETERMINING GAUS OF 10/16/1997 GO, CA 92115 GGE OF INJURY				
PHYSI- CIAN'S ERTIFICA- TION	DUE TO (D) 112. OTHER SIGNIFICANT CONDITIONS CONT Dehydration, Peptic Uic 113. WAS OPERATION PERFORMED FOR ANY DEEDES BEATH OCCUMENTO AND PLACE STATED FROM THE CAUSES STO 114. CERTIFY THAY TO THE BEST OF MY KINC BEST BEATH OCCUMENTO ANY THE PROPERTY OF MY KINC BEST BEATH OCCUMENTO ANY THE PROPERTY OF MY KINC BEST BEATH OCCUMENTO ANY THE PROPERTY OF MY KINC BEST BEATH OF COUNTY 114. CERTIFY THAY TO THE BEST OF MY KINC BEST BEATH OF COUNTY 115. MANDERS ANY THAY TO THIS OF DECEDET LAST AND PROPERTY 116. THE CAUSES STATED. 117. MATURAL BUIGLOE NATURAL SUICIDE NATURAL SUICIDE NATURAL SUICIDE NATURAL SUICIDE NOTICE OCCUPANT INVESTIGATION OFTERS	PRIBUTING TO DEATH BUT NOT RELATIVE TO SEASE GONOTION IN ITEM 107 OR 1121 IP 118, MANATURE AND TITLE 118, MANATURE AND	TEG TO CAUSE GIVEN IN YES, LIST TYPE OF OPE OF CERTIFIER CIAN'S NAME, MAILING A 2t1, 4276 54t1 GURY DATE M M/OD/CC OCCURRED (EVENTS W)	TIME ROTENUL 16 AND BEATH TWK 100 110 111 111 111 111 111 1	B. DEATH REPORTED TO CORON YES NO ON AUTOPSY PERFORMED YES NO ON AUTOPSY PERFORMED YES NO ON AUTOPSY PERFORMED YES NO 1. USED IN DETERMINING GAUSI YES NO 1177. DATE M M / D D / C C 10/16/1997 TO, CA 92115 GGE OF INJURY				

This is to certify that this document is a true copy of the official record

DATE ISSUED

MAR 10 2021

JAMES GREENE MD MS STATE REGISTRAR OF VITAL RECORDS

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

TONY AGURTO

STATE REGISTRAR OF VITAL RECORDS





STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

3 051997 | 85 | 49

AFFIDAVIT TO AMEND A RECORD

DEATHS AFTER 1-1994 NO ERASURES. WHITEOUTS, OR ALTERATIONS 3 199737 014866

STATE/LOCAL REGISTRAR USE INFORMATION TO LOCATE RECORD-TYPE OR PRINT IN BLACK INK ONLY PART I 3. LAST (FAMILY) NAME AS IT S. CITY OF OCCURRENCE S DATE OF EVENT-MM/DD/CCYY 10/14/1997 M San Diego San Diego 8. FATHER'S NAME AS STATED ON ORIGINAL Manuel Maria Doria Maclovia - de la Llata STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS PART II 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD 12 INFORMATION AS IT SHOULD APPEAR 1462 40 Residence, Mary Beauparlant 5346 E.Falls View Dr. Scatter at sea, 3 mi. off the coast of Pt. Loma, San Diego, CA 92106 San Diego, CA 92115 LIST ONE ITEM PER LINE 41 CR/SEA us. refile to scatter at sea We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

14. SIGNATURE OF FIRST PERSON 15. TITLE/RELATIONSHIP TO PERSON IN PART 1 16. DATE SIGNED—MM/DD/CCYY APPIDAVITS SIGNATURES PERSONS 10/27/1997 Mortuary, secretary MUST SIGN 6322 E1 Cajon Blvd, San Diego, lega1 Mortuary, funeral director 10/27/1997 USE BLACK INK ONLY

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

ET, CITY, STATE, ZIP)

MAR 10 2021

JAMES GREENE MD MS STATE REGISTRAR OF VITAL RECORDS

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STATE/LOCAL REGISTRAR USE ONLY

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CACDPH--04

6322 El Cajon Blvd, San Diego, CA 92115

TONY AGURTO STATE REGISTRAR OF VITAL RECORDS



10/29/1997

100510317



STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

3 051997 | 85 | 49 PHYSICIAN/CORONER'S AMENDMENT

DEATHS AFTER 1-1994

THE RESERVE OF THE PERSON NAMED IN	LE NUMBE	R	ERASURES, WHITEOUT USE BLAC	IN INN UNLI		LOCAL REGISTRATION DISTRICT	AND CERTIF	CATE NUM	
TATE/LOCAL GISTRAR USE ONLY	1.		2.			3.		1	
PART I		MATION TO LOCATE RECO							
NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) 2. N Ramon		2. MIDDLE	. MIDDLE		a. LAST (FAMILY) Doria		4. SEX	
ADDITIONAL ORMATION TO CATE RECORD	10/14/1007			San Diego		7. COUNTY OF OCCURREN	CE		
						0.0000			
K	GRADIENT OF CORRECTIONS 6. CERTIFICATE 9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD HUBBER WOLLDER				10. INFORMATION AS IT SHOULD APPEAR				
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CLARATION	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION 1. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER ! 12. DATE SIGNED—MM/								
ERTIFYING			STATE STATE	/28/1997	Lā	kshmi Prathapati,	MD .		
R CORONER	4276-5	RESS—STREET AND NUMBER			15. CITY Sar	Diego	6. STATE	9211	
ATE/LOCAL EGISTRAR	18. OFFIC	E OF STATE REGISTRAR OR SIGN	ATURE OF LOCAL REG	ISTRAR	15	1 0 / 2 9 / 1997	ISTRATION	-MM/DI	

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