INFORMATION VERIFIED BY:

VITAL STATISTICS

9 FUACE OF DEATH HISTIPLIT Defailed KOOM / OUTVITIENT DEFAIL ON ARRIVAL (Deck only end) (DMH GYDMTL DEFAIL DITY IDE ADD IN ARRIVAL (Deck only end) (DMH GYDMTL DEFAIL DITY	1. DECEDENT'S (First, Middle, Last)									2	. SEX	
	3. DATE OF BIRTH (Month, Day, Year) 4a. AGE - Last Birthday		y (Years)							E OF DEATH (Month, Day, Year)		
9 FACE OF DEATH (DRV of Vigon (DRV of Vig					-							
Check any core INCHING HTAL HOSPICE FACILITY INCRIMINATION DECEMENTS FLORE Onther Egeody 10. FACILITY II. A. CITY TOWN, OR IOCATION OF DEATH II. B. IDEDIC CITY LINITS? II. B. IDEDIC CITY LINITS? 11. MARTER, STATUS (peerdy) II. A. CITY TOWN, OR IOCATION OF DEATH II. B. DEBIC CITY LINITS? II. S. UNTY OWN, OR IOCATION OF DEATH 12. MARTER, STATUS (peerdy) II. C. CITY, TOWN OR LOCATION II. C. CITY, TOWN OR LOCATION III. S. UNTY OWN, OR IOCATION 14.6. RESIDENCE - STATE III. D. INDUCT IN INTS? III. C. CITY, TOWN OR LOCATION III. ZIP CODE	6. SOCIAL SECURITY NUMBER	7. BIRTHPLACE (City and	State or Foreign Co	untry)	8. COUNTY O	F DEATH						
IAA CLE VILLIN III. ACCEPTALLINY III. ACCEPTALLINY III. CLEAR PALLINY III. PALLINY WARE (Free values) in the particular palling	9 PLACE OF DEATH HOSPITAL:	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	=	EMERGENCY	Y ROOM / OUTPA	TIENT		DEAD ON AF	RIVAL			
12. MARTIAL STATUS (specify)	(Check only one) NON-HOSPITA	AL HOSPICE FA	CILITY	NURSING H	OME / LONG TER	M CARE FA	CILITY	DECEDENT'S	HOME	OTH	ER (Specify)	
12. MATTAL STATUS (questly) 13. SURVIVING SPOUSE'S NAME (if web, give maden name) MarriedMarriedbut Separated												
14a. RESIDENCE - STATE 14b. COUNTY 14c. CTY, TOWN OR LOCATION 14d. STREET ADDRESS 14e. APT, NO. 141. ZP CODE 14g. DISDE CTY/ LIMITS? 15a. DECEDENTS USULA COLVATION (indicate byte of work gove during most of working ife) Do not user Theorem 15b. KIND OF BUSINESS / INDUSTRY 14i. ZP CODE 14g. DISDE CTY/ LIMITS? 15a. DECEDENTS RACE (specify the necelease to indicate work doore during most of working ife) Mistine Hamilian Counter and theorem and most on a work to specified) Internation of most on presence to specified (specify) Other Asian (Specify) 15. DECEDENTS EDUCATION (indicate byte of work doore of considered himselfithered to be More have on ear may the specified) Other Asian (Specify) Other Asian (Specify) 16. DECEDENTS EDUCATION (indicate hand doctated considered himselfithered to be More have on ear may the specified) Other Asian (Specify) Not Mexican Cuber false Other Asian (Specify) Other Asian (Specify) Note Retain Cuber (Specified)	12. MARITAL STATUS (specify) 13. SURVIVING SPOUSE'S NAM									ME (If wife, give maiden name.)		
14d. STREET ADDRESS 14e. AFT. ND. 141. ZIP CODE 14g. INSIDE CITY LINITS? 15b. DECEDENT'S USUAL OCCUPATION (incluate type of work done during most of working file.) 15b. KIND OF BUSINESS / INDUSTRY 15b. KIND OF BUSINESS / INDUSTRY 16. DECEDENT'S RACE (Specify the reachances to indicate what deceder considered insoftherst fo be More than one race may be specified.)												
13a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) 15b. KIND OF BUSINESS / INDUSTRY 16. DECEDENT'S RACE. (Specify the readvices to indicate what decedent considered himselfherrorf to be More fram ore race may be specified.)	4a. RESIDENCE - STATE 14b. COUNTY 14c. CITY, TOWN OR LOCATION											
Do not use "Retired" 16. DECEDENT'S RACE (Specify the receives to indicate what decedent considered himselfhersaft to be floan one race may be gestified.)	14d. STREET ADDRESS					14e	L4e APT. NO. 141. ZIP CODE			-		
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify / decedent was of Hispanic or Haltian Origin.)	_ White _ Blac Asian Indian C	k or African American hinese _ Filipino	Ameri _ Japane	can Indian or Alaska se	n Native <i>(Specif</i> Korean	y Tribe) _ Viet	namese	_ Other As				
(Specify if decedent was of Hispanic or Haltan Origin.) _YES (It Yes, specify) _NO Mexican Puerto Rican Cuban Central/South American 0ther Hispanic (Specify) Item of the decedent was of Hispanic or Haltan Other Hispanic (Specify) Haltan 18. DECEDENT'S EDUCATION (specify the decedent's inplet degree of two of ac of completed at time of death.) 19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 20. FATHER'S NAME (First, Middle, Last, Suffix) 21. MOTHER'S NAME (First, Middle, Last, Surmame)			3amoa	<u> </u>		s. (Specily)		Oulei	(Specity)		
18. DECEDENT'S EDUCATION (spectry the decoderts highest diagee or level of x cot completed at time of death) 19. WAS DECEDENT EVER IN 8th or less High School duit no diploma			YES (It Yes, sp	ecify) _ [NO				Cubar	ı		
sth or less ingli School option a of setup	18. DECEDENT'S EDUCATION (Specify the	decedent's highest degree or level of so	c ool completed at time	of death.)				,	19. W	AS DECEDE	ENT EVER IN	
20. FATHER'S NAME (First, Middle, Last, Suffix) 21. MOTHER'S NAME (First, Middle, Last, Surname) 22a. INFORMANT'S NAME 22b. RELATIONSHIP TO DECEDENT 23a. INFORMANT'S MAILING - STAT 23b. CITY OR TOWN 23c. STREET ADDRESS 23d. ZIP CODE 24. PLACE OF DISPOSITION (Name of cemetery, crematory or other place. 25a. LOCATION - STATE 25b. LOCATION - CITY OR TOWN 26a. METHOD OF DISPOSITION Burial Entombment Cremation Donation Removal from state Other (Specify) Contact Name:	8th or less High School but no diploma High School diploma or GED U.S. ARMED FORCES?										FORCES?	
22a. INFORMANT'S NAME 22b. RELATIONSHIP TO DECEDENT 23a. INFORMANT'S MAILING - STAT 23b. CITY OR TOWN 23c. STREET ADDRESS 23d. ZIP CODE 24. PLACE OF DISPOSITION (Name of cemetery, crematory or other place. 25a. LOCATION - STATE 25b. LOCATION - CITY OR TOWN 26a. METHOD OF DISPOSITION Burial Entombment Cremation Donation Burial Entombment Cremation Donation Removal from state Other (Speedy) Contact Name:			fy): <u>A</u> SSO	ciate _ Ba						_ Yes	No	
23b. CITY OR TOWN 23c. STREET ADDRESS 23d. ZIP CODE 24. PLACE OF DISPOSITION (Name of cemetery, crematory or other place. 25a. LOCATION - STATE 25b. LOCATION - CITY OR TOWN 26a. METHOD OF DISPOSITION Burial Entombment Cremation Donation Removal from state Other (Specify) Contact Name:	20. FATHER'S NAME (First, Middle, Last,	Suffix)			21. M	IOTHER'S	NAME (First,	Middle, Last, Su	rname)			
24. PLACE OF DISPOSITION (Name of cemetery, crematory or other place. 25a. LOCATION - STATE 25b. LOCATION - CITY OR TOWN 26a. METHOD OF DISPOSITION Burial Entombment Cremation Donation Removal from state Other (Specify) Contact Name:	2a. INFORMANT'S NAME 22b. RELATIC			ATIONSHIP TO D	IONSHIP TO DECEDENT 23a. INFORMANT'S MAI				ILING - STAT			
26a. METHOD OF DISPOSITION Burial Entombment Contact Name:	23b. CITY OR TOWN 23c. STREET ADDRES									23d. ZIP CODE		
Burial Entombment Cremation Donation Removal from state Other (Specify) Contact Name:	24. PLACE OF DISPOSITION (Name of cemetery, crematory or other place.			25a. LOCATION - STATE			25b. LOCATION - CITY OR TOW			OWN		
Contact Name:	26a. METHOD OF DISPOSITION											
Contact Name:	Burial Entombm	ent Cremation	D	onation	Removal fron	n state	Other	(Specify)				
Phone Number: Alternate Phone Number Misc Physician:(MD/ME) Address Phone Number Time of Death(AM/PM) (circle one)												
Phone Number:	Contact Name:					1	Relationsl	hip				
Misc(MD/ME) Address(AM/PM) Phone NumberTime of Death(AM/PM) (circle one)	Phone Number:			Altern	nate Phon			-				
Phone Number Time of Death (AM/PM)	Misc					-						
Phone Number Time of Death (AM/PM)												
Phone Number Time of Death (AM/PM)	Physician:					А	ddress -					
	Phone Number											
	Autopsy Performed (YES	/ m NO) (circle one)	Was case	reported to	the Medi	cal Ex:	aminer? (yes / no) (circle one	2)	`(circle one) ´	

Permission to Cremate by