

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

PUBLIC HEALTH SERVICES DEPARTMENT

1800 MT. VERNON AVE., BAKERSFIELD, CALIFORNIA 93306-3302

3052017239274

CERTIFICATE OF DEATH

3201715005123

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) CHARLES		2. MIDDLE MILLES		3. LAST (Family) MANSON	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 11/11/1934		5. AGE Yrs. 83	
9. BIRTH STATE/FOREIGN COUNTRY UNK		10. SOCIAL SECURITY NUMBER		6. SEX M	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP* (at Time of Death) UNKNOWN		7. DATE OF DEATH mm/dd/yyyy 11/19/2017	
13. EDUCATION — Highest Level/Degree (see worksheet on back) UNKNOWN		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES: UNK <input type="checkbox"/> NO		18. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) UNKNOWN	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED UNKNOWN		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UNKNOWN		19. YEARS IN OCCUPATION UNK	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
21. CITY CORCORAN		22. COUNTY/PROVINCE KINGS		23. ZIP CODE 93212	
24. YEARS IN COUNTY UNK		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP DAWN RATLIFF, CORONER MANAGER					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)					
28. NAME OF SURVIVING SPOUSE/SROP—FIRST UNK		29. MIDDLE UNK		30. LAST (BIRTH NAME) UNK	
31. NAME OF FATHER/PARENT—FIRST UNK		32. MIDDLE UNK		34. BIRTH STATE UNK	
33. NAME OF MOTHER/PARENT—FIRST UNK		36. MIDDLE UNK		37. LAST (BIRTH NAME) UNK	
35. NAME OF MOTHER/PARENT—FIRST UNK		38. BIRTH STATE UNK		39. DISPOSITION DATE mm/dd/yyyy 12/11/2017	
40. PLACE OF FINAL DISPOSITION KERN COUNTY SHERIFF-CORONER		41. TYPE OF DISPOSITION(S) TEMP			
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER			
44. NAME OF FUNERAL ESTABLISHMENT KERN COUNTY SHERIFF-CORONER		45. LICENSE NUMBER		47. DATE mm/dd/yyyy 12/01/2017	
101. PLACE OF DEATH MERCY HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY KERN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY BAKERSFIELD	
107. CAUSE OF DEATH Enter the chain of events — disease, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) ACUTE CARDIAC ARREST		Time Interval Between Onset and Death (A) MINS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO C02472-17	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) RESPIRATORY FAILURE		(C) METASTATIC COLON CANCER		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NONE		114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since 11/18/2017 Decedent Last Seen Alive 11/19/2017		115A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since 11/18/2017 Decedent Last Seen Alive 11/19/2017		116. LICENSE NUMBER A101142		117. DATE mm/dd/yyyy 12/01/2017	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DEEPAK WAHI, MD		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)		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, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		*010001003727944*			

INFORMATIONAL
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss DATE ISSUED
COUNTY OF KERN

DEC 11 2017



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This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION OF THE DEPARTMENT OF PUBLIC HEALTH SERVICES.

C. Jonathan M.D.
CLAUDIA JONAH, M.D.
PUBLIC HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

This copy is not valid unless prepared on engraved border displaying seal and signature of registrar

PRNCO (REV) 05/16

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

