

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

County of Ventura

800 SOUTH VICTORIA AVENUE
VENTURA, CALIFORNIA 93009

CERTIFICATE OF DEATH

3 200156 004068

STATE OF CALIFORNIA
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STATE FILE NUMBER _____ LOCAL REGISTRATION NUMBER _____

USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS
VD-11 (REV. 1/00)

1. NAME OF DECEDENT—FIRST (GIVEN) GERTRUDE		2. MIDDLE ROWAN		3. LAST (FAMILY) SPEER	
4. DATE OF BIRTH: M/M/DD/CYYT 03/10/1920		5. AGE YRS. 81		6. SEX F	
7. DATE OF DEATH: M/M/DD/CYYT 12/08/2001		8. HOUR 1820			
9. STATE OF BIRTH NY		10. SOCIAL SECURITY NO. 066-14-7633		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS Widowed		13. EDUCATION—YEARS COMPLETED 12			
14. RACE Caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self	
17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own Home		19. YEARS IN OCCUPATION 60	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 4900 Telegraph Road					
21. CITY Ventura		22. COUNTY Ventura		23. ZIP CODE 93003	
24. YRS IN COUNTY 1		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP Eileen Speer, Daughter			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 211 Ute Lane, Ventura, CA 93001		
28. NAME OF SURVIVING SPOUSE—FIRST Edmond		29. MIDDLE Michael		30. LAST (FAMILY NAME) Rowan	
31. NAME OF FATHER—FIRST Mary		32. MIDDLE Ellen		33. LAST (FAMILY NAME) McCormick	
34. BIRTH STATE NY		35. BIRTH STATE NY		36. BIRTH STATE NY	
37. DATE M/M/DD/CYYT 12/11/2001					
38. PLACE OF FINAL DISPOSITION Schroon Lake Cemetery, Schroon Lake, NY 12870					
39. TYPE OF DISPOSITION CR/TR/BU		40. SIGNATURE OF EMBALMER Not Embalmed		41. LICENSE NO. ---	
42. NAME OF FUNERAL DIRECTOR Joseph Reardon Funeral Home		43. LICENSE NO. FD 883		44. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
45. DATE M/M/DD/CYYT 12/10/2001					
101. PLACE OF DEATH Venturan Conv. Hospital		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input checked="" type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY Ventura		105. CITY Ventura			
106. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4904 Telegraph Road					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE (A) Cardiac Arrest		TIME INTERVAL BETWEEN ONSET AND DEATH Immed.		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2345-2001	
DUE TO (B) Coronary Artery Disease		Years		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) Renal insufficiency		Years		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D) Chronic Lung Disease		Years		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None.					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No.					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE M/M/DD/CYYT 09/17/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. A72259	
117. DATE M/M/DD/CYYT 11/12/2001		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP H. Shawangizaw, MD 888 S. Hill Rd. Ventura, CA 93003			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CYYT	
122. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) ---		123. PLACE OF INJURY ---			
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) ---					
125. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		126. DATE M/M/DD/CYYT ---		127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER ---	
STATE REGISTRAR					
A B C D E F G H FAX AUTH. # 37708 CENSUS TRACT					

STATE OF CALIFORNIA
COUNTY OF VENTURA

CERTIFIED COPY OF VITAL RECORDS

SS. DATE ISSUED **SEP 12 2003**

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This is a true and exact reproduction of the document officially registered and placed on file with the VENTURA COUNTY RECORDER.

[Signature]
PHILIP J. SCHMIT

