STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

3052015012690 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3201537001143 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)
JEAN	-	LABELLE

AKA: ALSO KNOWN AS (Include "a/k/a" FIRST, MIDDLE, LAST): ERMA JEAN RUIZ

4. DATE OF BIRTH (mm/dd/ccyy)	5. AGE (Yrs.)	If UNDER ONE YEAR: Months / Days	If UNDER 24 HOURS: Hours / Minutes	6. SEX
11/05/1946	68			F

7. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/DOMESTIC PARTNERSHIP (at time of death)	13. DATE OF DEATH (mm/dd/ccyy)	14. HOUR (24 hour)
CA	560-64-5436	[ ] YES [X] NO [ ] UNK	MARRIED	01/15/2015	1725

15. EDUCATION - Highest Level/Degree (See instructions on back)	16. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see instructions on back)	17. DECEDENT'S RACE - (up to 3 races may be marked; see instructions on back)
HS GRADUATE	[X] YES MEXICAN [ ] NO	AMERICAN INDIAN, WHITE

18. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	20. YEARS IN OCCUPATION
HOMEMAKER	OWN HOME	51

USUAL RESIDENCE

21. DECEDENT'S RESIDENCE (Street and number, or location): 44761 MARZI COURT

22. CITY	23. COUNTY/PROVINCE	24. ZIP CODE	25. YEARS IN COUNTY	26. STATE/FOREIGN COUNTRY
TEMECULA	RIVERSIDE	92592	7	CA

INFORMANT

28. INFORMANT'S NAME, RELATIONSHIP	29. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
JOSEPH BOYLE, HUSBAND	44761 MARZI COURT, TEMECULA, CA 92592

SPOUSE/RDP AND PARENT INFORMATION

30. NAME OF SURVIVING SPOUSE/RDP - FIRST	30a. MIDDLE	30b. LAST (Birth name)	
JOSEPH	PATRICK	BOYLE	
31. NAME OF FATHER/PARENT - FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
LEO	SERRANO	RUIZ	TX
35. NAME OF MOTHER/PARENT - FIRST	**36. MIDDLE**	**37. LAST (Birth name)**	**38. BIRTH STATE**
RUTH	-	CASTRO	CA

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE (mm/dd/ccyy)	40. PLACE OF FINAL DISPOSITION
01/23/2015	SANTA ANA CEMETERY 1919 EAST SANTA CLARA AVENUE, SANTA ANA, CA 92705

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
BU	▸ RIGOBERTO CARRILLO	EMB9333

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE (mm/dd/ccyy)
MEMORY GARDEN MEMORIAL PARK & MORTUARY	FD1349	▸ WILMA WOOTEN, MD	01/23/2015

PLACE OF DEATH

48. PLACE OF DEATH	48a. IF HOSPITAL, SPECIFY ONE	48b. IF OTHER THAN HOSPITAL, SPECIFY ONE
UCSD MEDICAL CENTER	[X] IP [ ] ER/OP [ ] DOA	[ ] Residence [ ] Nursing Home/SNF [ ] Decedent's Home [ ] Other

49A. COUNTY	49B. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	49C. CITY
SAN DIEGO	200 WEST ARBOR DRIVE	SAN DIEGO

CAUSE OF DEATH

50. CAUSE OF DEATH (Enter only one cause per line for a, b, c, and d. Do not abbreviate.)

		Time Interval: Onset and Death	52. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. END STAGE LIVER DISEASE DUE TO HEPATITIS C	(a) YRS	[X] YES [ ] NO WV15-00334
Sequentially list conditions, if any, leading to the cause on line a. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b.	(b)	53. AUTOPSY PERFORMED? [ ] YES [X] NO
	c.	(c)	54. AUTOPSY PERFORMED? [ ] YES [X] NO
	d.	(d)	55. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 50: ACUTE RENAL FAILURE, ACUTE RESPIRATORY FAILURE

53. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 50 OR 51? (If yes, list type of operation and date)	56. IF FEMALE, PREGNANT IN LAST YEAR?
NO	[ ] YES [X] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.	55. SIGNATURE AND TITLE OF CERTIFIER	56. LICENSE NUMBER	57. DATE (mm/dd/ccyy)
	▸ SAMIR S MAKANI M.D.	A90479	01/23/2015

(A) Decedent Attended Since (mm/dd/ccyy)	(B) Decedent Last Seen Alive (mm/dd/ccyy)	58. NAME, ADDRESS, ZIP CODE OF ATTENDING PHYSICIAN'S (NAME - MAILING ADDRESS)
01/07/2015	01/15/2015	SAMIR S MAKANI M.D. 200 WEST ARBOR DRIVE, SAN DIEGO, CA 92103

CORONER'S USE ONLY

59. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined

60. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK | 61. INJURY DATE (mm/dd/ccyy) | 62. HOUR (24 hour)

63. PLACE OF INJURY (e.g., home; construction site; wooded area; etc.)

64. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

65. LOCATION OF INJURY (Street and number, or location, and city, and zip)

66. SIGNATURE OF CORONER / DEPUTY CORONER	67. DATE (mm/dd/ccyy)	68. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER
▸		

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
						01000100283559		

County of San Diego –Health & Human Services Agency – 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

Wilma J. Wooten, M.D.

DATE ISSUED: February 3, 2015

WILMA J. WOOTEN, MD
REGISTRAR OF VITAL RECORDS
County of San Diego

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

A002822140

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE