

COUNTY OF SAN DIEGO

ASSESSOR/RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3200937013296

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1 NAME OF DECEDENT - FIRST (Given) 2 MIDDLE 3 LAST (Family)
 HULDA REGEHR CLARK

AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)

4 DATE OF BIRTH month/year 5 AGE Yrs 6 UNDER ONE YEAR 7 UNDER 24 HOURS 8 SEX
 10/18/1928 80 Months Days Hours Minutes F

9 BIRTH STATE/FOREIGN COUNTRY 10 SOCIAL SECURITY NUMBER 11 EVER IN U.S. ARMED FORCE? 12 MARITAL STATUS (at Time of Death) 13 DATE OF DEATH month/year 14 HOUR (24 Hours)
 CANADA 313-54-1966 YES NO UNK DIVORCED 09/03/2009 2119

15 EDUCATION - Highest Level/Degree (See instructions on back) 16 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) 18 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)
 PROFESSIONAL YES NO CAUCASIAN

17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED 19 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, hotel construction, employment agency, etc.) 18 YEARS IN OCCUPATION
 RESEARCH PROJECT LEADER PHYSIOLOGY - MEDICAL 50

20 DECEDENT'S RESIDENCE (Street and number or location)
 758 CASSIA PLACE

21 CITY 22 COUNTY/PROVINCE 23 ZIP CODE 24 YEARS IN COUNTY 25 STATE/FOREIGN COUNTRY
 CHULA VISTA SAN DIEGO 91910 17 CA

26 INFORMANT'S NAME, RELATIONSHIP 27 INFORMANT'S MAILING ADDRESS (Street and number or post office number, city, state, ZIP)
 GEOFFREY CLARK, SON 758 CASSIA PLACE, CHULA VISTA, CA 91910

28 NAME OF SURVIVING SPOUSE - FIRST 29 MIDDLE 30 LAST (Maiden Name)
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31 NAME OF FATHER - FIRST 32 MIDDLE 33 LAST 34 BIRTH STATE
 JACOB REGEHR RUSSIA

35 NAME OF MOTHER - FIRST 36 MIDDLE 37 LAST (Maiden) 38 BIRTH STATE
 MARIA LOEWEN RUSSIA

39 DISPOSITION DATE month/year 40 PLACE OF FINAL DISPOSITION
 09/09/2009 AT SEA OFF THE COAST OF SAN DIEGO COUNTY

41 TYPE OF DISPOSITION 42 SIGNATURE OF EMBALLER 43 LICENSE NUMBER
 CR/SEA NOT EMBALMED FD1352

44 NAME OF FUNERAL ESTABLISHMENT 45 LICENSE NUMBER 46 SIGNATURE OF LOCAL REGISTRAR 47 DATE month/year
 NEPTUNE SOCIETY FD1352 WILMA WOOTEN, MD 09/09/2009

48 PLACE OF DEATH 100 CITY
 RESIDENCE HOME HOTEL LODGE HOME HOME OTHER
 SAN DIEGO 758 CASSIA PL CHULA VISTA

101 CAUSE OF DEATH 102 DEATH REPORTED TO CORONER
 Enter the chain of events - disease, injuries, or complications - that directly caused death. Do NOT report indirect events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without entering the primary ICD-10 code. Qualify VTE.
 (A) MULTIPLE CAUSE (B) ANEMIA (C) HYPERCALCEMIA (D) MULTIPLE MYELOMA
 (E) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
 MULTIPLE MYELOMA
 (F) TIME OF DEATH (G) TIME OF DEATH REPORTED TO CORONER (H) TIME OF DEATH REPORTED TO CORONER (I) TIME OF DEATH REPORTED TO CORONER (J) TIME OF DEATH REPORTED TO CORONER
 (K) YES NO (L) YES NO (M) YES NO (N) YES NO (O) YES NO

103 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
 MULTIPLE MYELOMA

113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 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 CAUSES STATED.
 115 SIGNATURE AND TITLE OF CERTIFIER
 Decedent's Attended Since: Decedent Last Seen Alive: **SILVIA GARCIA M.D.**
 (A) month/year (B) month/year 116 LICENSE NUMBER 117 DATE month/year
 08/12/2009 08/12/2009 4311 THIRD AVE., SAN DIEGO, CA 92103 STEVEN OPPENHEIM M.D. A75598 09/09/2009

118 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
 MANNER OF DEATH Natural Accident Homicide Suicide Hanging Caused not to be determined YES NO UNK

119 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)
 120 INJURED AT WORK? YES NO UNK

121 INJURY DATE month/year 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 month/year 128 TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER

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

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NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

David Butler

October 12, 2009 David Butler Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk

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