

DEATH CERTIFICATE PROOF

DECEDENT'S PERSONAL DATA	1. FULL NAME (LAST, FIRST, MIDDLE, LAST) [REDACTED] ^{2. MIDDLE} [REDACTED] [REDACTED]		4. DATE OF BIRTH (mm/dd/yyyy) 10/11/1925		6. AGE (Yrs.) 92		7. DATE OF DEATH (mm/dd/yyyy) 02/15/2018		8. HOUR, BY HOUR 1430		9. SEX M			
	3. BIRTH STATE/FOREIGN COUNTRY [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> USMC		13. MARITAL STATUS (DATE of Year of Death) Married		16. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back) Caucasian		12. USUAL OCCUPATION - Type of work for most of life; DO NOT USE RETIRED Restaurant Owner		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) Restaurant		15. YEARS IN OCCUPATION 25	
	18. EDUCATION - Highest Level (degrees) High School Graduate <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		19. WAS DECEDENT HIGH SCHOOL GRADUATE (YES/NO)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. COUNTY/PROMISE [REDACTED]		21. YEARS IN COUNTY 21		22. STATE/FOREIGN COUNTRY CA		23. USUAL RESIDENCE [REDACTED]		24. ZIP CODE [REDACTED]	
	25. USUAL RESIDENCE [REDACTED]		26. COUNTY/PROMISE [REDACTED]		27. YEARS IN COUNTY [REDACTED]		28. STATE/FOREIGN COUNTRY CA		29. USUAL RESIDENCE [REDACTED]		30. ZIP CODE [REDACTED]		31. YEARS IN COUNTY [REDACTED]	
USUAL RESIDENCE	32. COUNTY/PROMISE [REDACTED]		33. YEARS IN COUNTY [REDACTED]		34. STATE/FOREIGN COUNTRY CA		35. USUAL RESIDENCE [REDACTED]		36. ZIP CODE [REDACTED]		37. YEARS IN COUNTY [REDACTED]		38. STATE/FOREIGN COUNTRY CA	
	39. USUAL RESIDENCE [REDACTED]		40. ZIP CODE [REDACTED]		41. YEARS IN COUNTY [REDACTED]		42. STATE/FOREIGN COUNTRY CA		43. USUAL RESIDENCE [REDACTED]		44. ZIP CODE [REDACTED]		45. YEARS IN COUNTY [REDACTED]	
SPOUSE AND PARENT INFORMATION	46. NAME OF SPOUSE [REDACTED]		47. LAST BIRTH NAME [REDACTED]		48. BIRTH STATE [REDACTED]		49. NAME OF PARENT [REDACTED]		50. LAST BIRTH NAME [REDACTED]		51. BIRTH STATE [REDACTED]		52. NAME OF PARENT [REDACTED]	
	53. LAST BIRTH NAME [REDACTED]		54. BIRTH STATE [REDACTED]		55. NAME OF PARENT [REDACTED]		56. LAST BIRTH NAME [REDACTED]		57. BIRTH STATE [REDACTED]		58. NAME OF PARENT [REDACTED]		59. LAST BIRTH NAME [REDACTED]	
FUNERAL DIRECTOR/LOCAL REGISTRAR	60. DISPOSITION DATE (mm/dd/yyyy) [REDACTED]		61. PLACE OF FINAL DISPOSITION Res: Frances J. Cain 59474 Belfair Drive, Yucca Valley, CA 92284											
	62. TYPE OF DISPOSITIONS CR/RES		63. SIGNATURE OF EMBALMER NOT EMBALMED						64. LICENSE NUMBER [REDACTED]					
	65. NAME OF FUNERAL ESTABLISHMENT Trident Society		66. LICENSE NUMBER FD 1902						67. SIGNATURE OF LOCAL REGISTRAR [REDACTED]					
	68. DATE (mm/dd/yyyy) [REDACTED]		69. SIGNATURE OF LOCAL REGISTRAR [REDACTED]						70. DATE (mm/dd/yyyy) [REDACTED]					
PLACE OF DEATH	71. PLACE OF DEATH Own Residence		72. COUNTY [REDACTED]		73. FACILITY ADDRESS OR LOCATION WHERE EMAND (Street and number, or location) [REDACTED]		74. CITY [REDACTED]		75. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA		76. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
	77. COUNTY [REDACTED]		78. FACILITY ADDRESS OR LOCATION WHERE EMAND (Street and number, or location) [REDACTED]		79. CITY [REDACTED]		80. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA		81. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					

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[REDACTED] and sign confirming correctness. List any corrections below.

Crematory: Mt View Crematory

Document Date: 02/20/2018

Funeral Home License: FD1902

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