COUNTY OF VENTURA

VENTURA, CALIFORNIA

01 MAS Page 32941

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39556002266

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS — VS-11 (REV. 7/93)

STATE FILE NUMBER — LOCAL REGISTRATION NUMBER

12-01-95-92907-ARNV

12-01-95P03:18 RCVD

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Roy	Kevin	Scanlan

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HOURS HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
10/11/1964	30	— / —	— / —	M	08/04/1995	1905

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION —YEARS COMPLETED
CA	572-59-6687	19 ___ TO 19 ___ [X] NONE	Never Married	11

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
White	[ ] YES [X] NO	Unisys

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Systems Programmer	Government Contracts	12

1 OF 2

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
325 Capistrano Ct.				
21. CITY	**22. COUNTY**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE OR FOREIGN COUNTRY**
Camarillo	Ventura	93010	12	California

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RFD/ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Rick Allan Scanlan - Brother	1544 Royce Court, Camarillo, CA 93010

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	MIDDLE	LAST (MAIDEN)	
-			
31. NAME OF FATHER—FIRST	**MIDDLE**	**LAST**	**34. BIRTH STATE**
Richard	Edward	Scanlan	IL
35. NAME OF MOTHER—FIRST	**MIDDLE**	**LAST (MAIDEN)**	**36. BIRTH STATE**
Joyce	Lois		IL

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
08/10/1995	1544 Royce Ct., Camarillo, CA 93010

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
CR/RES		6399
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO. (FUNERAL DIRECTOR)**	**47. DATE MM/DD/CCYY**
Pierce Bros. Griffin - Camarillo	592	08/07/1995

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL—SPECIFY DOA / ER / INPT / OTHER	103. LOCATION (FACILITY)	104. COUNTY
St. John's Pleasant Valley Hospital	[ ] [X] [ ] [ ]		Ventura
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			**106. CITY**
2309 Antonio Avenue			Camarillo

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D. — TIME INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE	(A) Pending laboratory studies	
DUE TO	(B)	
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: [X] YES [ ] NO — REFERRAL NUMBER 1450-95

109. BIOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [X] YES [ ] NO

111. USED IN DETERMINING CAUSE: [X] YES [ ] 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 ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NO

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY — DECEDENT LAST SEEN ALIVE MM/DD/CCYY

115. SIGNATURE AND TITLE OF CERTIFIER — 116. LICENSE NO. — 117. DATE MM/DD/CCYY

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [X] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED

120. INJURY AT WORK: [ ] YES [ ] NO — 121. INJURY DATE MM/DD/CCYY — 122. HOUR — 123. PLACE OF INJURY

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
Janice G. Franklin	08/05/1995	Janice G. Frank, M.D. Asst. Med. Examiner-Coroner

208637

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								01771 DR	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF VENTURA }

DATE ISSUED 10/26/1995

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department, if it bares the date of issue in red ink.

Gary Feldman M.D.
HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COUNTY OF VENTURA

VENTURA, CALIFORNIA

PHYSICIAN/CORONER'S AMENDMENT

32942

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE BLACK INK ONLY

95-117724 (STATE FILE NUMBER) ☒ DEATH ☐ FETAL DEATH ☐ BIRTH 39556002266 (LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER)

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.

PART I — INFORMATION TO LOCATE RECORD

	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)	4. SEX
NAME AS IT APPEARS ON RECORD	ROY	KEVIN	SCANLAN	MALE
ADDITIONAL INFORMATION TO LOCATE RECORD	5. DATE OF EVENT—MM/DD/CCYY: 08/04/1995	6. CITY OF OCCURRENCE: CAMARILLO	7. COUNTY OF OCCURRENCE: VENTURA	

PART II — STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

8. CERTIFICATE ITEM NUMBER	9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	10. INFORMATION AS IT SHOULD APPEAR
107A	PENDING LABORATORY STUDIES	HYPOGLYCEMIA
107B	BLANK	TYPE I DIABETES MELLITUS
112	NONE	VALCORA (MEDICATION)
119	PENDING INVESTIGATION	NATURAL

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DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	12. DATE SIGNED—MM/DD/CCYY	13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER
Janice G. Frank	09/19/1995	JANICE G. FRANK, M.D. ASST. MEDICAL EXAMINER

14. ADDRESS—STREET AND NUMBER	15. CITY	16. STATE	17. ZIP CODE
3291 LOMA VISTA ROAD	VENTURA	CA	93003

STATE/LOCAL REGISTRAR USE ONLY	18. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR	19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY
	OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS	OCT 12 1995

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

208643

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COUNTY OF VENTURA }

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HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

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STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of _____ the 1st day of December A.D., 19 95 at 3:18 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 32941

Bernetha G. Letsch, County Clerk

FEE $15.00

By Annette Mueller