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# STATE OF CALIFORNIA
## CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL RECORDS

# COUNTY OF TULARE

TULARE, CALIFORNIA

3052012014642 — STATE FILE NUMBER

## CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/06)

3201254000187 — LOCAL REGISTRATION NUMBER

**DECEDENT'S PERSONAL DATA**

| 1. NAME OF DECEDENT– FIRST (Given) | 2. MIDDLE | 3. LAST (Family) |
|---|---|---|
| JACK | - | RIENKS |

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)

| 4. DATE OF BIRTH mm/dd/ccyy | 5. AGE Yrs. | IF UNDER ONE YEAR Months / Days | IF UNDER 24 HOURS Hours / Minutes | 6. SEX |
|---|---|---|---|---|
| 02/23/1930 | 81 | | | M |

| 9. BIRTH STATE/FOREIGN COUNTRY | 10. SOCIAL SECURITY NUMBER | 11. EVER IN U.S. ARMED FORCES? | 12. MARITAL STATUS/SRDP (at Time of Death) | 7. DATE OF DEATH mm/dd/ccyy | 8. HOUR (24 Hours) |
|---|---|---|---|---|---|
| WY | 527-28-3425 | [X] YES [ ] NO [ ] UNK | MARRIED | 01/21/2012 | 1357 |

| 13. EDUCATION – Highest Level/Degree (see worksheet on back) | 14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) | 16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back) |
|---|---|---|
| HS GRADUATE | [ ] YES _____ [X] NO | WHITE |

| 17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) | 19. YEARS IN OCCUPATION |
|---|---|---|
| SUPERVISOR | LOG MILL | 50 |

**USUAL RESIDENCE**

| 20. DECEDENT'S RESIDENCE (Street and number, or location) | | | | |
|---|---|---|---|---|
| 15900 AVE. 264 | | | | |
| **21. CITY** | **22. COUNTY/PROVINCE** | **23. ZIP CODE** | **24. YEARS IN COUNTY** | **25. STATE/FOREIGN COUNTRY** |
| VISALIA | TULARE | 93292 | 0 | CA |

**INFORMANT**

| 26. INFORMANT'S NAME, RELATIONSHIP | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) |
|---|---|
| JO ANN RIENKS, WIFE | 15900 AVE. 264, VISALIA, CA 93292 |

**SPOUSE/SRDP AND PARENT INFORMATION**

| 28. NAME OF SURVIVING SPOUSE/SRDP'–FIRST | 29. MIDDLE | 30. LAST (BIRTH NAME) | |
|---|---|---|---|
| JO ANN | - | COLLEY | |
| **31. NAME OF FATHER/PARENT–FIRST** | **32. MIDDLE** | **33. LAST** | **34. BIRTH STATE** |
| DONALD | - | RIENKS | CO |
| **35. NAME OF MOTHER/PARENT–FIRST** | **36. MIDDLE** | **37. LAST (BIRTH NAME)** | **38. BIRTH STATE** |
| RUBY | - | HARPER | OR |

**FUNERAL DIRECTOR/ LOCAL REGISTRAR**

| 39. DISPOSITION DATE mm/dd/ccyy | 40. PLACE OF FINAL DISPOSITION | | |
|---|---|---|---|
| 01/26/2012 | RESIDENCE OF JO ANN RIENKS<br>15900 AVE. 264, VISALIA, CA 93292 | | |
| **41. TYPE OF DISPOSITION(S)** | **42. SIGNATURE OF EMBALMER** | | **43. LICENSE NUMBER** |
| CR/RES | ▶ NOT EMBALMED (VL) | | - |
| **44. NAME OF FUNERAL ESTABLISHMENT** | **45. LICENSE NUMBER** | **46. SIGNATURE OF LOCAL REGISTRAR** | **47. DATE mm/dd/ccyy** |
| SALSER & DILLARD FUNERAL CHAPEL | FD1781 | ▶ KAREN HAUGHT, MD | 01/26/2012 |

**PLACE OF DEATH**

| 101. PLACE OF DEATH | 102. IF HOSPITAL, SPECIFY ONE | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE |
|---|---|---|
| KAWEAH DELTA MEDICAL CENTER | [X] IP [ ] ER/OP [ ] DOA | [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other |

| 104. COUNTY | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) | 106. CITY |
|---|---|---|
| TULARE | 400 W. MINERAL KING AVE. | VISALIA |

**CAUSE OF DEATH**

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

| | | Time Interval Between Onset and Death | 108. DEATH REPORTED TO CORONER? |
|---|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → | (A) ACUTE CEREBRAL VASCULAR ACCIDENT | (AT) HRS | [X] YES [ ] NO<br>REFERRAL NUMBER 12-1-68-68 |
| Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | (B) ATRIAL FIBRILLATION | (BT) YRS | 109. BIOPSY PERFORMED? [ ] YES [X] NO |
| | (C) | (CT) | 110. AUTOPSY PERFORMED? [ ] YES [X] NO |
| | (D) | (DT) | 111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO |

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
DILATED CARDIOMYOPATHY

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)
NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

**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. | | 115. SIGNATURE AND TITLE OF CERTIFIER | 116. LICENSE NUMBER | 117. DATE mm/dd/ccyy |
|---|---|---|---|---|
| Decedent Attended Since (A) mm/dd/ccyy | Decedent Last Seen Alive (B) mm/dd/ccyy | ▶ MONICA MIRELLA MANGA M.D. | A89257 | 01/26/2012 |
| 01/21/2012 | 01/21/2012 | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: MONICA MIRELLA MANGA M.D. 5400 W. HILLSDALE, VISALIA, CA 93291 | | |

**CORONER'S USE ONLY**

| 119. 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 [ ] Pending Investigation [ ] Could not be determined | 120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK | 121. INJURY DATE mm/dd/ccyy | 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 mm/dd/ccyy | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER |
|---|---|---|
| ▶ | | |

| STATE REGISTRAR | A | B | C | D | E | | FAX AUTH.# | CENSUS TRACT |
|---|---|---|---|---|---|---|---|---|
| | | | | | | *01000100197326* | | |

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF TULARE

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, COUNTY OF TULARE HEALTH AND HUMAN SERVICE AGENCY.

*0002693303*

DATE ISSUED JAN 27 2012

Karen Haught
Karen Haught, M.D., M.P.H., Tulare County Health Officer
Registrar of Vital Statistics

This copy is not valid unless prepared on an engraved border, displaying date, seal and signature of the County Health Officer.

PBNCO (Rev) 8/09

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE