

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

USE BLACK INK ONLY IN ALL SPACES, INITIALS IN ALL SPACES

3202337021217

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1. NAME OF DECEASED - FIRST (Given) JOHN		2. MIDDLE ROOT		3. LAST (Family) FITZPATRICK	
4. DATE OF BIRTH mm/dd/yyyy 02/02/1971				5. AGE Yrs 52	6. SEX M
8. BIRTH STATE/FOREIGN COUNTRY CT		16. SOCIAL SECURITY NUMBER [REDACTED]	11. EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I/AK	10. MARITAL STATUS/STATUS at Time of Death UNKNOWN	7. DATE OF DEATH mm/dd/yyyy 09/17/2023 FND
13. EDUCATION - Highest Level/Degree (See worksheet on back) SOME COLLEGE		14.15. WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	18. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) PORTUGUESE		
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TRAINING INSTRUCTOR			19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) SECURITY	20. YEARS IN OCCUPATION 12	
23. DECEASED'S RESIDENCE (Street and number, or location) 51063 29 PALMS HWY SPC 48					
21. CITY MORONGO VALLEY		22. COUNTY/PROVINCE SAN BERNARDINO	25. ZIP CODE 92256-9478	24. YEARS IN COUNTY 4	26. STATE/FOREIGN COUNTRY CA
28. INFORMANT'S NAME, RELATIONSHIP [REDACTED] PREVIOUS SPOUSE			27. INFORMANT'S MAILING ADDRESS (Street and number, or PO Box number, city, state, zip+4) [REDACTED]		
29. NAME OF SURVIVING SPOUSE/SPRP - FIRST JOHN		31. NAME OF FATHER/PARENT - FIRST JOHN	32. MIDDLE ALLEN	33. LAST FITZPATRICK	34. BIRTH STATE CT
30. NAME OF MOTHER/PARENT - FIRST CAROL		32. MIDDLE [REDACTED]	37. LAST (MOTHER'S NAME) JOHNSON	38. BIRTH STATE CT	
39. DEPOSITION DATE mm/dd/yyyy 11/21/2023		40. PLACE OF FINAL DEPOSITION RESIDENCE OF [REDACTED]			
41. TYPE OF DEPOSITION CREMATE/RESIDENCE		42. LICENSE NUMBER [REDACTED]			43. LICENSE NUMBER [REDACTED]
44. NAME OF FUNERAL ESTABLISHMENT FUNERALS YOUR WAY		45. LICENSE NUMBER FD2188	46. FUNERAL HOME/ESTABLISHMENT WILMA WOOTEN MD		47. DATE mm/dd/yyyy 11/21/2023
104. COUNTY SAN DIEGO		105. FACILITY ADDRESS (or location where found) (Street and number, or location) 33 7 14.9 N 116 14 27.8 W		106. CITY JULIAN	
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 venous thrombosis without stroke (if the stroke is the direct cause). DO NOT abbreviate. PENDING		108. IF HOSPITAL, SPECIFY DATE <input type="checkbox"/> P <input type="checkbox"/> ER/CCU <input type="checkbox"/> ODA <input type="checkbox"/> Home/Other		109. IF OTHER THAN HOSPITAL, SPECIFY DATE Name of Home/LTC: <input type="checkbox"/> Decedent's Home: <input checked="" type="checkbox"/> Other: <input type="checkbox"/>	
109. IMMEDIATE CAUSE Final disease or condition resulting in death. PENDING		110. DEATH REPORTED TO CORONER Death certificate: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. DEPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 [REDACTED]		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) UNK		114. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended State: <input type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/>		116. LICENSE NUMBER [REDACTED]		117. DATE mm/dd/yyyy [REDACTED]	
118. TYPE OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Pending <input type="checkbox"/> Unknown		119. PLACED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURY DATE mm/dd/yyyy [REDACTED]	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]		122. HOUR (24 hours) [REDACTED]		123. DATE mm/dd/yyyy [REDACTED]	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]		125. LOCATION OF INJURY (Street and number, or local or sea city and zip) [REDACTED]		126. TYPE NAME, TITLE OF GOVERNER / DEPUTY GOVERNER MELANIE ESTRELLA	
127. SIGNATURE OF GOVERNER/DEPUTY GOVERNER [REDACTED]		128. DATE mm/dd/yyyy 11/17/2023		129. TYPE NAME, TITLE OF GOVERNER / DEPUTY GOVERNER MELANIE ESTRELLA, DME	

INFORMATION NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

County of San Diego --Health & Human Services Agency -- 5500 Overland Avenue. 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. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

Wilma J. Wooten, M.D.

DATE ISSUED: 11/21/2023

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



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

