

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201443003079

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) DOROTHY		2. MIDDLE MARGARET	
3. LAST (Family) CONLON		4. DATE OF BIRTH mm/dd/ccyy 12/17/1921	
5. AGE Yrs. 92		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY NY			
10. SOCIAL SECURITY NUMBER 052-18-1600			
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED			
7. DATE OF DEATH mm/dd/ccyy 04/11/2014			
8. HOUR (24 Hour) 1655			
13. EDUCATION—Highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED HOMEMAKER			
18. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) WHITE			
19. YEARS IN OCCUPATION 62			
20. DECEDENT'S RESIDENCE (Street and number, or location) 2701 EL CAMINO REAL			
21. CITY PALO ALTO		22. COUNTY/PROVINCE SANTA CLARA	
23. ZIP CODE 94306		24. YEARS IN COUNTY 5	
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP WILLIAM M. CONLON JR, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2330 BRYANT ST., PALO ALTO, CA 94301	
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST JAMES		29. MIDDLE VINCENT VICTOR	
30. LAST (BIRTH NAME) FIGUEROA		31. BIRTH STATE JAMAICA	
32. MIDDLE MARIE		33. LAST (BIRTH NAME) REINHARD	
34. BIRTH STATE GERMANY		35. NAME OF FATHER/PARENT—FIRST BARBARA	
36. MIDDLE MARIE		37. LAST (BIRTH NAME) REINHARD	
38. BIRTH STATE GERMANY		39. DISPOSITION DATE mm/dd/ccyy 04/16/2014	
40. PLACE OF FINAL DISPOSITION CALVERTON NATIONAL CEMETERY 210 PRINCETON BOULEVARD, CALVERTON, NY 11933			
41. TYPE OF DISPOSITION(S) CR/TR/BU		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT SPANGLER MORTUARY	
45. LICENSE NUMBER FD910		46. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD	
47. DATE mm/dd/ccyy 04/16/2014		48. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD	
101. PLACE OF DEATH SUNRISE ASSISTED CARE CENTER			
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVCP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2701 EL CAMINO REAL	
106. CITY PALO ALTO		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. (A) ABDOMINAL CANCER	
108. TIME INTERVAL BETWEEN ONSET AND DEATH (AT) YR YR		109. CEATH REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY 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 NONE			
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
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 02/11/2013 Decedent Last Seen Alive mm/dd/ccyy 04/10/2014		115. SIGNATURE AND TITLE OF CERTIFIER DANIEL ALLEN HUIE M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DANIEL ALLEN HUIE M.D. 1300 CRANE STREET, MENLO PARK, CA 94025		117. LICENSE NUMBER G75907	
118. DATE mm/dd/ccyy 04/15/2014		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/ccyy			
122. HOUR (24 Hour)			
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		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR	A	B	C
D	E	FAX AUTH.#	
CENSUS TRACT		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By **APR 18 2014**



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Effective 10/12/2013

PRNCO (REV) 08/11

Sandra Colyris

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

HEALTH DEPARTMENT

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE