

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201542000573

3052015048663

1. NAME OF DECEDENT - FIRST (last)		KAREN	
2. MIDDLE		RUTH	
3. LAST (family)		HALL	
4. DATE OF BIRTH m/d/yyyy			
5. AGE YRS.		62	
6. SEX		F	
7. DATE OF DEATH m/d/yyyy			
8. HOUR (24 hours)		1805	
9. MARRIAGE STATUS/STOP at time of death			
10. SOCIAL SECURITY NUMBER		545-92-8284	
11. EVEN IN U.S. ARMED FORCES?			
12. MARRIAGE STATUS/STOP at time of death		DIVERCED	
13. EDUCATION - Highest Level/degree (see worksheet on back)			
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back		CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			
16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		HOSPITAL	
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.)		HOSPITAL	
19. YEARS IN OCCUPATION			
20. DECEDENT'S RESIDENCE (Street and number, or location)		617 CRAIGMONT DRIVE	
21. CITY			
22. COUNTY/PROVINCE		SANTA BARBARA	
23. ZIP CODE		93117	
24. YEARS IN COUNTY		32	
25. STATE/FOREIGN COUNTRY		CA	
26. INFORMANTS NAME, RELATIONSHIP			
27. INFORMATION MANT		JESSICA HALL, DAUGHTER	
28. NAME OF SURVIVING SPOUSE/SPOPE-FIRST		-	
29. MIDDLE		-	
30. LAST (BIRTH NAME)		-	
31. NAME OF FATHER/PARENT-FIRST		JOHN	
32. MIDDLE		-	
33. LAST		SHAYERS SR	
34. BIRTH STATE		MI	
35. NAME OF MOTHER/PARENT-FIRST		WHITMAN	
36. MIDDLE		ANN	
37. LAST (BIRTH NAME)		BUTLER	
38. BIRTH STATE		MI	
39. DISPOSITION DATE m/d/yyyy			
40. PLACE OF FINAL DISPOSITION		SCATTER AT SEA OFF THE COAST OF SANTA BARBARA COUNTY	
41. TYPE OF DISPOSITION(S)			
42. SIGNATURE OF EMBALMER		-	
43. LICENSE NUMBER		-	
44. NAME OF FUNERAL ESTABLISHMENT			
45. LICENSE NUMBER		FD2226	
46. SIGNATURE OF LOCAL REGISTRAR		CHARITY DEAN, MD, MPH	
47. DATE m/d/yyyy		03/10/2015	
101. PLACE OF DEATH			
102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		351 SOUTH PATTERSON AVENUE SANTA BARBARA	
103. COUNTY		SANTA BARBARA	
104. CITY			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			
106. COUNTY		SANTA BARBARA	
107. PLACE OF DEATH		SANTA BARBARA	
108. CITY			
109. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			
110. IF HOSPITAL, SPECIFY ONE		<input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Other	
111. USED IN DETERMINING CAUSE			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		METASTATIC BREAST CANCER	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date.			
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED			
115. SIGNATURE AND TITLE OF CERTIFIER		EDWIN PAUL PAI M.D.	
116. LICENSE NUMBER		A70102	
117. DATE m/d/yyyy			
118. TYPE OF DEATH		NATURAL	
119. PLACE OF DEATH		317 WEST PUEBLO STREET, SANTA BARBARA, CA 93105	
120. INJURED AT WORK?		NO	
121. INJURY DATE m/d/yyyy		-	
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 m/d/yyyy			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
129. COUNTY			
130. CITY			
131. ZIP CODE			
132. COUNTY/PROVINCE			
133. STATE/FOREIGN COUNTRY			
134. YEARS IN COUNTY			
135. STATE/FOREIGN COUNTRY			
136. YEARS IN COUNTY			
137. STATE/FOREIGN COUNTRY			
138. YEARS IN COUNTY			
139. STATE/FOREIGN COUNTRY			
140. YEARS IN COUNTY			
141. STATE/FOREIGN COUNTRY			
142. YEARS IN COUNTY			
143. STATE/FOREIGN COUNTRY			
144. YEARS IN COUNTY			
145. STATE/FOREIGN COUNTRY			
146. YEARS IN COUNTY			
147. STATE/FOREIGN COUNTRY			
148. YEARS IN COUNTY			
149. STATE/FOREIGN COUNTRY			
150. YEARS IN COUNTY			
151. STATE/FOREIGN COUNTRY			
152. YEARS IN COUNTY			
153. STATE/FOREIGN COUNTRY			
154. YEARS IN COUNTY			
155. STATE/FOREIGN COUNTRY			
156. YEARS IN COUNTY			
157. STATE/FOREIGN COUNTRY			
158. YEARS IN COUNTY			
159. STATE/FOREIGN COUNTRY			
160. YEARS IN COUNTY			
161. STATE/FOREIGN COUNTRY			
162. YEARS IN COUNTY			
163. STATE/FOREIGN COUNTRY			
164. YEARS IN COUNTY			
165. STATE/FOREIGN COUNTRY			
166. YEARS IN COUNTY			
167. STATE/FOREIGN COUNTRY			
168. YEARS IN COUNTY			
169. STATE/FOREIGN COUNTRY			
170. YEARS IN COUNTY			
171. STATE/FOREIGN COUNTRY			
172. YEARS IN COUNTY			
173. STATE/FOREIGN COUNTRY			
174. YEARS IN COUNTY			
175. STATE/FOREIGN COUNTRY			
176. YEARS IN COUNTY			
177. STATE/FOREIGN COUNTRY			
178. YEARS IN COUNTY			
179. STATE/FOREIGN COUNTRY			
180. YEARS IN COUNTY			
181. STATE/FOREIGN COUNTRY			
182. YEARS IN COUNTY			
183. STATE/FOREIGN COUNTRY			
184. YEARS IN COUNTY			
185. STATE/FOREIGN COUNTRY			
186. YEARS IN COUNTY			
187. STATE/FOREIGN COUNTRY			
188. YEARS IN COUNTY			
189. STATE/FOREIGN COUNTRY			
190. YEARS IN COUNTY			
191. STATE/FOREIGN COUNTRY			
192. YEARS IN COUNTY			
193. STATE/FOREIGN COUNTRY			
194. YEARS IN COUNTY			
195. STATE/FOREIGN COUNTRY			
196. YEARS IN COUNTY			
197. STATE/FOREIGN COUNTRY			
198. YEARS IN COUNTY			
199. STATE/FOREIGN COUNTRY			
200. YEARS IN COUNTY			



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

DATE ISSUED
MAR 11 2015

TAKASHI M. WADA, M.D.
PUBLIC HEALTH OFFICER
HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIA

CERTIFIED COPY OF VITAL RECORDS

* 0 0 0 4 4 2 2 5 4 *

STATE	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	
129. COUNTY		SANTA BARBARA		130. CITY		SANTA BARBARA		131. ZIP CODE		93105		132. COUNTY/PROVINCE		SANTA BARBARA		133. STATE/FOREIGN COUNTRY		CA		134. YEARS IN COUNTY		32		135. STATE/FOREIGN COUNTRY		CA	

