

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY

STANISLAUS COUNTY

PUBLIC HEALTH DIVISION

3052023157751

CERTIFICATE OF DEATH

3202350003033

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 15-11 (REV. 3/09)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT— FIRST (Given) RAUL		2. MIDDLE -		3. LAST (Family) PALAZUELOS			
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/15/1929		5. AGE Yrs. 94		IF UNDER ONE YEAR Months: _____ Days: _____	IF UNDER 24 HOURS Hours: _____ Minutes: _____
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 549-38-9095		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	7. DATE OF DEATH mm/dd/yyyy 07/13/2023
13. EDUCATION — Highest Level/Degree (see worksheet on back) MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MEXICAN AMERICAN		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) HISPANIC, WHITE			8. HOUR (24 Hour) 0310
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED POLICE OFFICER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HIGHWAY PATROL			19. YEARS IN OCCUPATION 20		
23. DECEDENT'S RESIDENCE (Street and number, or location) 2624 COLLEGE AVENUE							
21. CITY MODESTO		22. COUNTY/PROVINCE STANISLAUS		23. ZIP CODE 95350	24. YEARS IN COUNTY 85	25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP MARGIE MARIE PALAZUELOS, DAUGHTER				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 719 ANDOVER STREET, SAN FRANCISCO, CA 94110			
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST CONSUELO		29. MIDDLE MARIE		30. LAST (BIRTH NAME) NILA			
31. NAME OF FATHER/PARENT—FIRST UNKNOWN		32. MIDDLE UNKNOWN		33. LAST PALAZUELOS		34. BIRTH STATE MEXICO	
35. NAME OF MOTHER/PARENT—FIRST MICAELA		36. MIDDLE -		37. LAST (BIRTH NAME) UNKNOWN		38. BIRTH STATE MEXICO	
39. DISPOSITION DATE mm/dd/yyyy 08/01/2023		40. PLACE OF FINAL DISPOSITION GOOD SHEPHERD CATHOLIC CEMETERY 3200 N DAKOTA AVENUE, MODESTO, CA 95358					
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER JON R SALAS			43. LICENSE NUMBER EMB9148		
44. NAME OF FUNERAL ESTABLISHMENT SALAS BROTHERS FUNERAL CHAPEL INC		45. LICENSE NUMBER FD782		46. SIGNATURE OF LOCAL REGISTRAR THEOGNOSIA PAPASOZOMENOS, MD		47. DATE mm/dd/yyyy 07/20/2023	
101. PLACE OF DEATH DOCTORS MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY STANISLAUS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1441 FLORIDA AVE				106. CITY MODESTO	
107. CAUSE OF DEATH Enter the chain of events — disease, injury, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) ACUTE HYPOXEMIC RESPIRATORY FAILURE		108. DEATH REPORTED TO CORONER? Onset and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) INTRACRANIAL HEMORRHAGE		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERLIPIDEMIA, HYPOTHYROIDISM, DEMENTIA, CHRONIC ENCEPHALOPATHY		113. DECEASED 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: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER NATALIE SLOWIK, MD		116. LICENSE NUMBER A110146		117. DATE mm/dd/yyyy 07/20/2023	
(A) mm/dd/yyyy 07/04/2023		(B) mm/dd/yyyy 07/13/2023		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NATALIE SLOWIK, MD 1441 FLORIDA AVENUE, MODESTO, CA 95350			
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		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		FAX AUTH.#		CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

DATE ISSUED
07/21/2023

Thea Papasozomenos
THEOGNOSIA PAPASOZOMENOS, MD, MPH
LOCAL REGISTRAR OF VITAL STATISTICS



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASTANISOL