

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY STANISLAUS COUNTY PUBLIC HEALTH DIVISION

3052023157751

CERTIFICATE OF DEATH

3202350003033

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) RAUL		3. LAST (Family) PALAZUELOS	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy 04/15/1929	
5. AGE Yrs. 94		6. SEX M	
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	
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	
16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) HISPANIC, WHITE		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	
20. 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		48. PLACE OF DEATH DOCTORS MEDICAL CENTER	
49. COUNTY STANISLAUS		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1441 FLORIDA AVE	
51. CITY MODESTO		52. 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) ACUTE HYPOXEMIC RESPIRATORY FAILURE (B) INTRACRANIAL HEMORRHAGE (C) CHRONIC HYPERTENSION (D) DIABETES MELLITUS TYPE 2	
53. TIME INTERVAL BETWEEN ONSET AND DEATH (A) WKS (B) WKS (C) YRS (D) YRS		54. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		56. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		58. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERLIPIDEMIA, HYPOTHYROIDISM, DEMENTIA, CHRONIC ENCEPHALOPATHY	
59. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		60. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
61. 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		62. SIGNATURE AND TITLE OF CERTIFIER NATALIE SLOWIK, MD	
63. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NATALIE SLOWIK, MD 1441 FLORIDA AVENUE, MODESTO, CA 95350		64. LICENSE NUMBER A110146	
65. DATE 07/20/2023		66. DATE 07/20/2023	
67. 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		68. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
69. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		70. INJURY DATE mm/dd/yyyy	
71. HOUR (24 Hours)		72. SIGNATURE OF CORONER / DEPUTY CORONER	
73. DATE mm/dd/yyyy		74. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
75. STATE REGISTRAR		76. FAX AUTH.#	
77. CENSUS TRACT		78. 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.

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

DATE ISSUED

07/21/2023



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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