

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS

COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

CERTIFICATE OF DEATH

3201831001896

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) RICHARD		3. LAST (Family) BUSHELL	
2. MIDDLE STADAN		4. DATE OF BIRTH mm/dd/yyyy 08/11/1939	
5. AGE Yrs. 76		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 06/27/2016		8. HOUR (24 Hours) 2022	
9. BIRTH STATE/FOREIGN COUNTRY TEXAS		10. SOCIAL SECURITY NUMBER 571-52-7541	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SPOR* In Year of Death MARRIED	
13. EDUCATION - (Highest Level Degree) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/ASIAN/ISL? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED RADIO ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RADIO BROADCASTING	
19. YEARS IN OCCUPATION 30			
20. DECEDENT'S RESIDENCE (Street and number, or location) 1303 ACACIA COURT			
21. CITY ROSEVILLE		22. COUNTY/PROVINCE PLACER	
23. ZIP CODE 95661		24. YEARS IN COUNTY 11	
25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP SUSAN BUSHELL, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1303 ACACIA COURT, ROSEVILLE, CA 95661	
28. NAME OF SURVIVING SPOUSE/STEP- FIRST SUSAN		29. MIDDLE B	
30. LAST (BIRTH NAME) WRIGHT			
31. NAME OF FATHER/PARENT - FIRST ELMER		32. MIDDLE HARRELL	
33. LAST BUSHELL		34. FURTHER STATE TX	
35. NAME OF MOTHER/PARENT - FIRST LAURA		36. MIDDLE LOUISE	
37. LAST (BIRTH NAME) JONES		38. FURTHER STATE TX	
39. DISPOSITION DATE mm/dd/yyyy 07/05/2016		40. PLACE OF FINAL DISPOSITION RESIDENCE OF SUSAN BUSHELL 1303 ACACIA COURT, ROSEVILLE, CA 95661	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. NAME OF FUNERAL ESTABLISHMENT HERITAGE OAKS MEMORIAL CHAPEL		44. LICENSE NUMBER FD1990	
45. SIGNATURE OF LOCAL REGISTRAR ROBERT LEE OLDHAM, MD		46. DATE mm/dd/yyyy 07/05/2016	
101. PLACE OF DEATH SUTTER ROSEVILLE MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> F <input checked="" type="checkbox"/> ENOP <input type="checkbox"/> DON <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other	
103. CITY ROSEVILLE		104. COUNTY PLACER	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1 MEDICAL PLAZA		106. CITY ROSEVILLE	
107. CAUSE OF DEATH Enter the chain of events - disease, 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. ACUTE MYOCARDIAL INFARCTION		108. TIME OF DEATH (Specify Date and Time) 5 MINS	
109. IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE MYOCARDIAL INFARCTION		110. INTERVIEWED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST SCLECTIC AORTIC VALVE		112. SIGNATURE OF PHYSICIAN ROBERT S TAYLOR M.D.	
113. DILATED AORTIC ROOT		114. TYPE OF PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ROBERT S TAYLOR M.D.	
114. HYPERTENSION		115. DATE mm/dd/yyyy 05/03/2016	
115. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107) HYPERLIPIDEMIA		116. TYPE OF PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ROBERT S TAYLOR M.D.	
116. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 115? (If yes, list type of operation and date.) NO		117. DATE mm/dd/yyyy 06/30/2016	
117. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE (DEATH OCCURRED AT THE HOUR, DATE AND PLACE SPECIFIED FROM THE CAUSES STATED) Decedent Attended Since _____ Decedent Last Seen Alive _____		118. SIGNATURE AND TITLE OF CERTIFIER ROBERT S TAYLOR M.D.	
118. TYPE OF CERTIFIER PHYSICIAN		119. TYPE OF CERTIFIER PHYSICIAN	
119. CERTIFY THAT IN MY OPINION (DEATH OCCURRED AT THE HOUR, DATE AND PLACE SPECIFIED 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 be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		123. HOUR (24 Hours)	
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED **07/06/2016**



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Robert L. Oldham, MD
ROBERT L. OLDHAM, MD
HEALTH OFFICER AND LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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