

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

3052018031952

CERTIFICATE OF DEATH

3201849000484

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JUDY		3. LAST (Family) HUGHES	
2. MIDDLE YEP		5. AGE Yrs. 66	
4. DATE OF BIRTH mm/dd/ccyy 06/13/1951		6. SEX F	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		7. DATE OF DEATH mm/dd/ccyy 02/08/2018	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 567-90-7126	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		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(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CHINESE		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BROKER OWNER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE		19. YEARS IN OCCUPATION 40	
20. DECEDENT'S RESIDENCE (Street and number, or location) 2212 LYTTON SPRINGS RD.			
21. CITY HEALDSBURG		22. COUNTY/PROVINCE SONOMA	
23. ZIP CODE 95448		24. YEARS IN COUNTY 41	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP GARY HUGHES, SPOUSE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 968 -, HEALDSBURG, CA 95448		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST GARY	
29. MIDDLE DANIEL		30. LAST (BIRTH NAME) HUGHES	
31. NAME OF FATHER/PARENT - FIRST SHEW		32. MIDDLE WAI	
33. LAST YEP		34. BIRTH STATE CHINA	
35. NAME OF MOTHER/PARENT - FIRST CHING		36. MIDDLE KONG	
37. LAST (BIRTH NAME) UNKNOWN		38. BIRTH STATE CHINA	
39. DISPOSITION DATE mm/dd/ccyy 02/13/2018		40. PLACE OF FINAL DISPOSITION RESIDENCE OF GARY HUGHES 2212 LYTTON SPRINGS RD., HEALDSBURG, CA 95448	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER PATRICK MCNALLY	
43. LICENSE NUMBER EMB9285		44. NAME OF FUNERAL ESTABLISHMENT DANIELS CHAPEL OF THE ROSES	
45. LICENSE NUMBER FD209		46. SIGNATURE OF LOCAL REGISTRAR KAREN MILMAN, MD	
47. DATE mm/dd/ccyy 02/13/2018		101. PLACE OF DEATH OWN RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE <input 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SONOMA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2212 LYTTON SPRINGS RD.	
106. CITY HEALDSBURG		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. IMMEDIATE CAUSE (A) OVARIAN CANCER (B) (C) (D) 108. DEATH REPORTED TO CORONER? (AT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (BT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (CT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (DT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 109. BIOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 110. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 111. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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.) DEBULKING SURGERY 08/03/2016 113A. IF FEMALE, PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> 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: 01/24/2018 115. SIGNATURE AND TITLE OF CERTIFIER IAN CHURCHILL ANDERSON M.D. 116. LICENSE NUMBER A49481 117. DATE mm/dd/ccyy 02/09/2018 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE IAN CHURCHILL ANDERSON M.D. 3555 ROUND BARN CIRCLE #100, SANTA ROSA, CA 95403 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"/> Investigation <input type="checkbox"/> Could not be determined 120. INJURED AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> 121. INJURY DATE mm/dd/ccyy 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 mm/dd/ccyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } 02/15/2018
COUNTY OF SONOMA } DATE ISSUED

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PBNCO (Rev) 12/15LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE