STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER: 3052011148431

LOCAL REGISTRATION NUMBER: 3201134006691

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST: DAN
2. MIDDLE: JAMES
3. LAST (Family): COOK
4a. AKA, ALSO KNOWN AS: DANIEL JAMES COOK
4. DATE OF BIRTH: 10/25/1934
5. AGE: 76
6. SEX: M
8. BIRTH STATE/FOREIGN COUNTRY: CA
10. SOCIAL SECURITY NUMBER: 558-46-5236
11. EVER IN U.S. ARMED FORCES?: [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS: MARRIED
7. DATE OF DEATH: 08/12/2011
8. HOUR: 1149
13. EDUCATION: BACHELOR
14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? [ ] YES [X] NO
16. DECEDENT'S RACE: CAUCASIAN
17. USUAL OCCUPATION: OWNER-OPERATOR
18. KIND OF BUSINESS OR INDUSTRY: CIVIL ENGINEERING
19. YEARS IN OCCUPATION: 40

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE: 2096 VALLOMBROSA AVENUE
21. CITY: CHICO
22. COUNTY/PROVINCE: BUTTE
23. ZIP CODE: 95926
24. YEARS IN COUNTY: 76
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: NELL DICKEY COOK, WIFE
27. INFORMANT'S MAILING ADDRESS: 2096 VALLOMBROSA AVENUE, CHICO, CA 95926

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP - FIRST: BOBBIE
29. MIDDLE: NELL
30. LAST (BIRTH NAME): DICKEY
31. NAME OF FATHER/PARENT - FIRST: LLOYD
32. MIDDLE: MYRON
33. LAST: COOK
34. BIRTH STATE: ID
35. NAME OF MOTHER/PARENT - FIRST: EMMA
36. MIDDLE: UNKNOWN
37. LAST (BIRTH NAME): LOOMIS
38. BIRTH STATE: CA

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE: 08/17/2011
40. PLACE OF FINAL DISPOSITION: RES: N. DICKEY COOK 2096 VALLOMBROSA AVENUE, CHICO, CA 95926
41. TYPE OF DISPOSITION: CR/RES
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER:
44. NAME OF FUNERAL ESTABLISHMENT: BRUSIE FUNERAL HOME
45. LICENSE NUMBER: FD371
46. SIGNATURE OF LOCAL REGISTRAR: GLENNAH I TROCHET, MD
47. DATE: 08/17/2011

PLACE OF DEATH

101. PLACE OF DEATH: UCD MEDICAL CENTER
102. IF HOSPITAL: [X] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY: SACRAMENTO
105. FACILITY ADDRESS OF LOCATION WHERE FOUND: 2315 STOCKTON BLVD
106. CITY: SACRAMENTO

CAUSE OF DEATH

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) CARDIAC ARREST

(b) TYPE A AORTIC DISSECTION

(c)

(d)

Interval between Onset and Death: (e) MINS; (f) DYS; (g); (h)

108. DEATH REPORTED TO CORONER? [ ] YES [X] NO

109. BIOPSY PERFORMED? [ ] YES [X] NO

110. AUTOPSY PERFORMED? [ ] YES [X] NO

111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITIONS IN 107 OR 112? (If Yes, list type of operation and date): ASCENDING AORTIC REPAIR 08/12/2011

108. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

(A) Decedent Attended Since: 06/05/2011

(B) Decedent Last Seen Alive: 08/12/2011

116. SIGNATURE AND TITLE OF CERTIFIER: HUGH BENJAMIN BLACK M.D.

116. LICENSE NUMBER: A78881

117. DATE: 08/16/2011

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: HUGH BENJAMIN BLACK M.D. 2315 STOCKTON BOULEVARD, SACRAMENTO, CA 95817

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined

120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK

121. INJURY DATE

122. 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

128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR

A | B | C | D | E

01000100185054

FAX AUTH.#

CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO } SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

001237306

DATE ISSUED: August 19, 2011

LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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