

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### OFFICE OF RECORDER COUNTY OF ALAMEDA OAKLAND, CALIFORNIA

3052011182116

#### CERTIFICATE OF DEATH

3201101006421

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT- FIRST (Given) <b>ALLEN</b>		2. MIDDLE -	3. LAST (Family) <b>DAVIS</b>
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) -			
9. BIRTH STATE/FOREIGN COUNTRY <b>MA</b>	10. SOCIAL SECURITY NUMBER [REDACTED]	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SROP* (at Time of Death) <b>MARRIED</b>
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>BACHELOR</b>	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) <b>WHITE</b>	7. DATE OF DEATH mm/dd/yyyy <b>10/08/2011</b>
17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED <b>BUSINESS OWNER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OAKLAND RAIDERS FOOTBALL TEAM</b>	8. HOUR (24 Hours) <b>0245</b>
20. DECEDENT'S RESIDENCE (street and number, or location) [REDACTED]		19. YEARS IN OCCUPATION <b>48</b>	
21. CITY [REDACTED]		22. COUNTY/PROVINCE [REDACTED]	23. ZIP CODE [REDACTED]
24. YEARS IN COUNTY [REDACTED]		25. STATE/FOREIGN COUNTRY [REDACTED]	
26. INFORMANT'S NAME, RELATIONSHIP <b>CAROL DAVIS, WIFE</b>		27. INFORMANT'S MAILING ADDRESS (street and number, or location, and zip) [REDACTED]	
28. NAME OF SURVIVING SPOUSE/SROP*-FIRST <b>CAROL</b>		29. MIDDLE <b>LINDA</b>	30. LAST (BIRTH NAME) <b>SEGALL</b>
31. NAME OF FATHER/PARENT-FIRST <b>LOUIS</b>		32. MIDDLE -	33. LAST <b>DAVIS</b>
35. NAME OF MOTHER/PARENT-FIRST <b>ROSE</b>		36. MIDDLE -	37. LAST (BIRTH NAME) <b>KIRSCHENBAUM</b>
34. BIRTH STATE <b>NY</b>		38. BIRTH STATE <b>NY</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>10/17/2011</b>		40. PLACE OF FINAL DISPOSITION <b>CHAPEL OF THE CHIMES 4499 PIEDMONT AVENUE, OAKLAND, CA 94611</b>	
41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMERAL [REDACTED]	
43. LICENSE NUMBER <b>7381</b>		47. DATE mm/dd/yyyy <b>10/11/2011</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>SINAI MEMORIAL CHAPEL</b>		45. LICENSE NUMBER <b>FD 1523</b>	
46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		48. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
101. PLACE OF DEATH <b>OAKLAND AIRPORT HILTON</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DOA	
104. COUNTY <b>ALAMEDA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (street and number, or location) <b>1 HEGENBERGER ROAD</b>	
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. <b>(A) VENTRICULAR FIBRILLATION</b> <b>(B) CONGESTIVE HEART FAILURE</b> <b>(C) CARDIOMYOPATHY</b>		108. CITY <b>OAKLAND</b>	
109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>CRICO PHARYNGEAL MYOTOMY 10/05/2011 - MITRAL VALVE REPAIR --/1996</b>		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER <b>C32269</b>	
117. DATE mm/dd/yyyy <b>10/11/2011</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]	
119. 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 (A) mm/dd/yyyy (B) mm/dd/yyyy <b>09/01/1978 10/07/2011</b>		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy [REDACTED]		122. HOUR (24 Hours) [REDACTED]	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]		126. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]	
127. DATE mm/dd/yyyy [REDACTED]		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]	
STATE REGISTRAR		CENSUS TRACT	

INFORMATIONAL - NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



#### CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

DATE ISSUED

**OCT 28 2011**

PRNCO (Rev) 03/10

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

\* 0 0 2 1 7 8 4 3 4 \*

*Patrick O'Connell*  
PATRICK O'CONNELL  
ALAMEDA COUNTY RECORDER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE