STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052025206625 — STATE FILE NUMBER

CERTIFICATE OF DEATH — STATE OF CALIFORNIA — (USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS) — VS-11 (REV 7/24)

2025-14252 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)
CELESTE	ABIGAIL	RIVAS HERNANDEZ

AKA: ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)	4. DATE OF BIRTH mm/dd/yyyy	5. AGE Yrs	IF UNDER ONE YEAR: Months / Days	IF UNDER 24 HOURS: Hours / Minutes	6. SEX
	09/07/2010	15			F

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/RDP* (at Time of Death)	7. DATE OF DEATH mm/dd/yyyy	8. HOUR (24 Hours)
CA	[redacted]	[ ] YES [X] NO [ ] UNK	NEVER MARRIED	09/08/2025 FND	1100

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
08	[X] YES SALVADORAN AMERICAN [ ] NO	HISPANIC

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
STUDENT	MIDDLE SCHOOL	08

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)	21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
[redacted]	LAKE ELSINORE	RIVERSIDE	92530	15	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	
JESUS EDGARDO RIVAS ALVARADO, FATHER	[redacted]

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP-FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
-	-	-	
31. NAME OF PARENT-FIRST	32. MIDDLE	33. LAST (BIRTH NAME)	34. BIRTH STATE
JESUS	EDGARDO	RIVAS ALVARADO	EL SLVDR
35. NAME OF PARENT-FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
MERCEDES	GUADALUPE	MARTINEZ HERNANDEZ	EL SLVDR

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/yyyy	40. PLACE OF FINAL DISPOSITION (Name of cemetery, crematory, other place)	
10/06/2025	[redacted]	
41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	[redacted]
BURIAL	[redacted]	
44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER / SIGNATURE OF LOCAL REGISTRAR	46. DATE mm/dd/yyyy
QUEEN OF HEAVEN MORTUARY	[redacted]	09/26/2025

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
VEHICLE	[ ] IP [ ] ER/OP [ ] DOA [ ] Inpatient	[ ] Nursing Home/ITC [ ] Decedent's Home [X] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
LOS ANGELES	[redacted]	LOS ANGELES

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter only one cause per line for (a), (b), (c), and (d). DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) DEFERRED	(mo/dy/yr)
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	(B)	(mo/dy/yr)
	(C)	(mo/dy/yr)
	(D)	(mo/dy/yr)

108. DEATH REPORTED TO CORONER?	109. AUTOPSY PERFORMED?	110. AUTOPSY PERFORMED?	111. USED IN DETERMINING CAUSE?
[X] YES [ ] NO	[ ] YES [X] NO	[X] YES [ ] NO	[X] YES [ ] NO
INTERNAL NUMBER: 2025-14252			

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.) NO

113A. DECEDENT PREGNANT IN LAST YEAR? [ ] YES [X] 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.

Decedent Attended Since	Decedent Last Seen Alive	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/yyyy
(A) mm/dd/yyyy	(B) mm/dd/yyyy	[redacted]		

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE

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 [X] Pending Investigation [ ] Could not be determined

120. INJURED AT WORK?	121. INJURY DATE mm/dd/yyyy	122. HOUR (24 Hours)
[ ] YES [ ] NO [ ] UNK		

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/yyyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
[redacted]	09/25/2025	REGINA AUGUSTINE, DEP CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
						[redacted]		

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

I00020369

Health Officer and Registrar, MD

SEP 29 2025
DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE