CITY OF PASADENA
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/04)

3200863000259

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

2008 0664925

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)
MONTE	LEE	MARKS

AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)	4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months / Days	IF UNDER 24 HOURS Hours / Minutes	6. SEX
	07/13/1925	82			M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
CA	560-26-7077	[X] YES [ ] NO [ ] UNK	MARRIED	03/04/2008	2310

13. EDUCATION — Highest Level/Degree	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH?	16. DECEDENT'S RACE — Up to 3 races may be listed
MASTER'S	[ ] YES [X] NO	WHITE

17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY	19. YEARS IN OCCUPATION
ELECTRICAL ENGINEER	ENGINEERING	40

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location)
1247 E PALM ST

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
ALTADENA	LOS ANGELES	91001	82	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS
PATRICIA MARKS, WIFE	1247 E PALM ST, ALTADENA, CA 91001

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Maiden Name)
PATRICIA	ANN	CASWELL

31. NAME OF FATHER — FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
MONTROSE	-	MARKS	MS

35. NAME OF MOTHER — FIRST	36. MIDDLE	37. LAST (Maiden)	38. BIRTH STATE
RUBY	-	KORNFELD	IN

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
03/07/2008	RES PATRICIA MARKS 1247 E PALM ST, ALTADENA, CA 91001

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER
CR/RES	NOT EMBALMED

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
MOUNTAIN VIEW MORTUARY	FD1020	TAKASHI M WADA, MD	03/07/2008

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
MARLINDA IMPERIAL CONV HOSPITAL	[ ] IP [ ] ER/OP [ ] DOA [ ] Hospice	[X] Nursing Home/LTC [ ] Decedent's Home [ ] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND	106. CITY
LOS ANGELES	150 BELLEFONTAINE ST	PASADENA

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.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (A)	CARDIORESPIRATORY FAILURE	(AT) MINS	[ ] YES [X] NO
(B)	LEUKEMIA	(BT) MOS	109. BIOPSY PERFORMED? [ ] YES [X] NO
(C)		(CT)	110. AUTOPSY PERFORMED? [ ] YES [X] NO
(D)		(DT)	111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
RENAL FAILURE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112?	115A. IF FEMALE, PREGNANT IN LAST YEAR?
NO	[ ] 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.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
Decedent Attended Since (A) 12/05/2007 / Decedent Last Seen Alive (B) 03/04/2008	CHARISE LEANNE IVY M.D.	A86275	03/07/2008

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: CHARISE LEANNE IVY M.D. 351 E FOOTHILL BLVD, ARCADIA, CA 91006

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	120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
[ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined	[ ] 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/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH. #	CENSUS TRACT
						012008000755528		013954

MD# 08-958099579 11.00 BW

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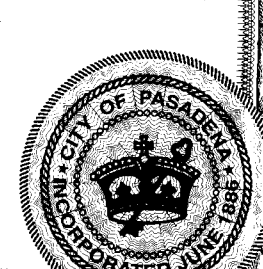
TAKASHI M. WADA, M.D.
HEALTH OFFICER

DATE ISSUED: 03 / 07 / 2008

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