STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
HEALTH SYSTEM
SAN MATEO, CALIFORNIA

3052013218404 — STATE FILE NUMBER

CERTIFICATE OF DEATH

3201341004044 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST	2. MIDDLE	3. LAST (Family)
JACK	LAN	HONG

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
10/15/1933	80			M

8. 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/ccyy	9. HOUR (24 Hours)
CHINA	[redacted]-2645	[X] YES [ ] NO [ ] UNK	MARRIED	11/20/2013	1228

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)
BACHELOR	[ ] YES [X] NO	CHINESE

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
CERTIFIED PUBLIC ACCOUNTANT	FINANCE	50

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 2240 BUNKER HILL DRIVE

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
SAN MATEO	SAN MATEO	94402	50	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, City or town, State and ZIP)
ROSE C. HONG, WIFE	2240 BUNKER HILL DRIVE, SAN MATEO, CA 94402

SPOUSE/DOP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/DOP – FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
ROSE	SEN	CHIN	
31. NAME OF FATHER/PARENT – FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
HOCK	HOW	HONG	CHINA
35. NAME OF MOTHER/PARENT – FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
TUI	GOON	CHU	CHINA

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
11/27/2013	SKYLAWN MEMORIAL PARK ROUTE 35 AT HIGHWAY 92, SAN MATEO, CA 94402

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/BU	NOT EMBALMED	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
SKYLAWN FUNERAL HOME	FD1848	SCOTT MORROW, MD	11/25/2013

PLACE OF DEATH

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

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
SAN MATEO	1150 VETERANS BOULEVARD	REDWOOD CITY

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 (Final disease or condition resulting in death)	(a) ASPIRATION PNEUMONIA OF BODILY SECRETIONS	(a) 1 DAY	[X] YES [ ] NO NONE
Sequentially list conditions, if any, leading to the cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(b)	(b)	109. AUTOPSY PERFORMED? [ ] YES [X] NO
	(c)	(c)	110. AUTOPSY PERFORMED? [ ] YES [X] NO
	(d)	(d)	111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
MULTIPLE SYSTEM ATROPHY, DYSPHAGIA

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)	113a. 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. (Decedent Attended Since / Decedent Last Seen Alive)	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
(a) 11/20/2013 (b) 11/20/2013	NEAL ALAN SNYDER M.D.	G49613	11/21/2013

118. TYPE OR PRINT CERTIFYING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: NEAL ALAN SNYDER M.D.
1150 VETERANS BOULEVARD, REDWOOD CITY, CA 94063

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?	121. INJURY DATE mm/dd/ccyy	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/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E	FAX AUTH.#	CENSUS TRACT

0100010024534 25

Davidson County AFFIDAVIT
Recvd: 10/28/14 11:08 2 pgs
Fees:12.00 Taxes:0.00
20141028-0099284

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN MATEO } SS

DATE ISSUED 10/08/2014

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

Herminia Gabe

By _____

000818726

SCOTT MORROW, M.D.
HEALTH OFFICER AND REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

PSHCD (Rev) 04/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

True Copy Certification

I, Martha A. Manfrin, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Martha A. Manfrin
Signature

State of FLORIDA

County of HILLSOBOROUGH

Personally appeared before me, Holly Wathen, a notary public for this county and state, Martha A. Manfrin, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: _____
Notary' Seal (if on paper)

