

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM
SAN MATEO, CALIFORNIA

3052021256665

CERTIFICATE OF DEATH

3202141003954

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) KATHLEEN		2 MIDDLE FLINT	3 LAST (Family) TALBOT
AKA ALIO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
4 DATE OF BIRTH mm/dd/yyyy 06/20/1941		5 AGE Yrs 80	6 UNCLERIFIED YEAR Months Days
7 BIRTH STATE/FOREIGN COUNTRY ENGLAND	10 SOCIAL SECURITY NUMBER 063-36-7350	11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12 MARITAL STATUS/POP (M Time of Death) MARRIED
13 EDUCATION - Highest Level/Degree PROFESSIONAL		14/15 WAS DECEDENT HISPANIC/LATINO/A/SPANISH? @ 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) CAUCASIAN
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED REAL ESTATE AGENT		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE	19 YEARS IN OCCUPATION 20
20 DECEDENT'S RESIDENCE (Street and number, or location) 2201 ENSENADA WAY			
21 CITY SAN MATEO	22 COUNTY/PROVINCE SAN MATEO	23 ZIP CODE 94403	24 YEARS IN COUNTY 22
25 INFORMANT'S NAME, RELATIONSHIP RONALD L TALBOT, HUSBAND		27 INFORMANT'S ADDRESS (Street and number or rural route number, city or town, state and zip) 20 HUMBOLDT COURT, PACIFICA, CA 94403	
28 NAME OF SURVIVING SPOUSE/SPOUSE-1 RONALD		29 MIDDLE L	30 LAST (BIRTH NAME) TALBOT
31 NAME OF FATHER/PARENT-FIRST CHARLIE		32 MIDDLE -	33 LAST FLINT
34 BIRTH STATE ENGLAND		35 NAME OF MOTHER/PARENT-FIRST EDITH	
36 MIDDLE UNKNOWN		37 LAST (BIRTH NAME) UNKNOWN	
38 BIRTH STATE ENGLAND		39 DISPOSITION DATE mm/dd/yyyy 10/19/2021	
40 PLACE OF FINAL DISPOSITION RESIDENCE OF RONALD L TALBOT 2201 ENSENADA WAY, SAN MATEO, CA 94403		43 LICENSE NUMBER -	
41 TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42 SIGNATURE OF EMBALMER NOT EMBALMED	
44 NAME OF FUNERAL ESTABLISHMENT TULIP CREMATION		45 LICENSE NUMBER FD2322	46 SIGNATURE OF LOCAL REGISTRAR SCOTT MORROW MD
47 DATE mm/dd/yyyy 10/18/2021		48 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
49 PLACE OF DEATH RESIDENCE WITH HOSPICE CARE		102 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103 COUNTY SAN MATEO	104 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2201 ENSENADA WAY		105 CITY SAN MATEO
107 CAUSE OF DEATH Enter the chain of events - diseases, injuries, or circumstances - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous/arterial thrombosis without showing the etiology. DO NOT ABBREVIATE. PERITONEAL CARCINOMATOSIS		108 DEATH REPORTED TO CORoner BY (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MOS	
109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 107 NONE	
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
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: <input type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/>		115 SIGNATURE AND TITLE OF CERTIFIER SANDY TRIEU, MD	
116 TYPE AFFIRMING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SANDY TRIEU, MD 3190 CLEARVIEW WAY SUITE 100, SAN MATEO, CA 94402		117 DATE mm/dd/yyyy 10/15/2021	118 LICENSE NUMBER A100915
119 I CERTIFY THAT MY OPINION OF DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121 INJURY DATE mm/dd/yyyy		122 HOUR (24 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 mm/dd/yyyy	128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
STATE REGISTRAR	A	B	C
	D	E	F

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SAN MATEO

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.

DATE ISSUED **10/25/2021** **Christina Ogden**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.
 FENCO 010117

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Scott Morrow MD
SCOTT MORROW, MD
 HEALTH OFFICER AND REGISTRAR

