

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-4
SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3 200430 000200

STATE FILE NUMBER		DATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
JAYANTILAL		MANILAL		KADAKIA	
4. DATE OF BIRTH		5. AGE		6. SEX	
10/25/1930		73		M	
7. DATE OF DEATH		8. HOUR (24 Hour)		9. ICD-10	
01/10/2004		1031			
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS (at time of death)	
622-44-9233		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MARRIED	
13. EDUCATION		14. DECEDENT'S RACE		15. YEARS IN OCCUPATION	
HS GRADUATE		INDIAN		58	
16. USUAL OCCUPATION		17. KIND OF BUSINESS OR INDUSTRY		18. YEARS IN OCCUPATION	
WHOLESALE		ELECTRICAL		58	
19. DECEDENT'S RESIDENCE (Street and number or location)					
910 S EL CAMINO REAL					
20. CITY		21. COUNTY		22. STATE	
SAN CLEMENTE		ORANGE		CA	
23. INFORMANT'S NAME, RELATIONSHIP			24. INFORMANT'S MAILING ADDRESS		
KOKILABEN KADAKIA - WIFE			910 S EL CAMINO REAL SAN CLEMENTE CA 92672		
25. NAME OF SURVIVING SPOUSE - FIRST		26. MIDDLE		27. LAST (Surname)	
KOKILABEN				MODI	
28. NAME OF FATHER - FIRST		29. MIDDLE		30. BIRTH STATE	
MANILAL				INDIA	
31. NAME OF MOTHER - FIRST		32. MIDDLE		33. BIRTH STATE	
MANIBEN				INDIA	
34. DEPOSITION DATE		35. PLACE OF FINAL DEPOSITION			
01/11/2004		RESIDENCE: KOKILABEN KADAKIA 910 S EL CAMINO REAL SAN CLEMENTE CA 92672			
36. TYPE OF DEPOSITION		37. SIGNATURE OF EMBALMER		38. LICENSE NUMBER	
CR/RES		NOT EMBALMED			
39. NAME OF FUNERAL ESTABLISHMENT		40. LICENSE NUMBER		41. DATE	
McCORMICK & SON		FD1212		01/10/2004	
42. PLACE OF DEATH		43. FACILITY ADDRESS OR LOCATION WHERE FOUND		44. CITY	
UCI MEDICAL CENTER		101 CITY DR SOUTH		ORANGE	
45. CAUSE OF DEATH		46. DEATH REPORTED TO CORONER		47. DEATH REPORTED TO POLICE	
MULTI-ORGAN FAILURE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SEPSIS		48. HOURS		49. DEATH REPORTED TO CORONER	
NECROTIZING PANCREATITIS		DAYS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NONE		WEEKS		50. ALTOGETHER PERFORMED	
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				51. DEATH REPORTED TO POLICE	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 45					
NONE					
53. THE TYPE OF SURVEILLANCE PERFORMED FOR ANY DEPRESSION OR OTHER USE ON (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)					
EXPLORATORY LAPAROSCOPY ABDOMINAL, COLECTOMY, AND ILEOSTOMY 01/09/2004					
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT		55. SIGNATURE AND TITLE OF CORONER		56. LICENSE NUMBER	
D. Imagawa		D IMAGAWA MD 101 CITY DR ORANGE CA 92868		A44277	
57. DATE		58. TYPE OF PHYSICIAN'S NAME, LICENSE NUMBER, ZIP CODE		59. DATE	
12/08/2003		D IMAGAWA MD 101 CITY DR ORANGE CA 92868		01/10/2004	
60. NUMBER OF DEATHS		61. PLACED AT WORK		62. BIRTH DATE	
<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Total		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK			
63. PLACE OF BURIAL (City, State, and country, or other place, etc.)		64. SIGNATURE OF CORONER / DEPUTY CORONER		65. DATE	
66. DESCRIBE HOW BURIAL OCCURRED (Where, how, and method, etc.)		67. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		68. FAX AUTH. #	
69. LOCATION OF BURIAL (Street and number, or location, and city, and ZIP)		70. SIGNATURE OF CORONER / DEPUTY CORONER		71. DATE	
72. STATE REGISTRATION		73. COUNTY		74. DISTRICT	
A B C D E		ORANGE		1	

ESF/1084/04
MAR 03 2004

NAVEEN SAXENA
Vice Consul
Consulate General of India
San Francisco



CERTIFIED COPY OF VITAL RECORDS

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STATE OF CALIFORNIA
COUNTY OF ORANGE

DATE ISSUED JAN 20 2004

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTHCARE AGENCY.

MARK B. HORTON, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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



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