

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

3052014147768

CERTIFICATE OF DEATH

3201421001165

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/08)		LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (given) ROBIN		2. MIDDLE MCLAURIN		3. LAST (Family) WILLIAMS	
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 07/21/1951		5. AGE Yrs. 63
	9. BIRTH STATE/FOREIGN COUNTRY ILLINOIS		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 08/11/2014		8. HOUR (24 Hours) 1202 FND	
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if 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 ACTOR AND COMEDIAN			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT		19. YEARS IN OCCUPATION 43	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 95 ST. THOMAS WAY					
	21. CITY BELVEDERE-TIBURON		22. COUNTY/PROVINCE MARIN		23. ZIP CODE 94920	
	24. YEARS IN COUNTY 15		25. STATE/FOREIGN COUNTRY CALIFORNIA			
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP SUSAN M. WILLIAMS, SPOUSE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1 BLACKFIELD DRIVE, #409, TIBURON, CA 94920		
	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST SUSAN		29. MIDDLE MARIE		30. LAST (BIRTH NAME) SCHNEIDER	
SPOUSE/SRDP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT - FIRST ROBERT		32. MIDDLE FITZGERALD		33. LAST WILLIAMS	
	35. NAME OF MOTHER/PARENT - FIRST LAURIE		36. MIDDLE MCLAURIN		37. LAST (BIRTH NAME) JANIN	
	34. BIRTH STATE IN		38. BIRTH STATE MS			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 08/12/2014		40. PLACE OF FINAL DISPOSITION SCATTERING IN SAN FRANCISCO BAY OFF THE COAST OF MARIN COUNTY, CA			
	41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER [REDACTED]		43. LICENSE NUMBER -	
	44. NAME OF FUNERAL ESTABLISHMENT MONTE'S CHAPEL OF THE HILLS		45. LICENSE NUMBER FD602		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
PLACE OF DEATH	101. PLACE OF DEATH DECEDENT'S OWN HOME		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY MARIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 95 ST. THOMAS WAY		106. CITY BELVEDERE-TIBURON	
	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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE. (A) PENDING INVESTIGATION		Time interval Between Onset and Death (AT) ---		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CR14-173	
CAUSE OF DEATH	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)		(BT)		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	(C)		(CT)		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	(D)		(DT)		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ---					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) ---						
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 [REDACTED]		116. LICENSE NUMBER	
	(A) mm/dd/yyyy		(B) mm/dd/yyyy		117. DATE mm/dd/yyyy	
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]					
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 <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
	122. HOUR (24 Hours)		122. HOUR (24 Hours)			
	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 [REDACTED]		127. DATE mm/dd/yyyy 08/12/2014		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER DARRELL A HARRIS, DEPUTY CORONER		

INFORMATIONAL
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF MARIN

FAX AUTH.# _____ CENSUS TRACT _____
000262573

DATE ISSUED **AUG 21 2014** BY *Darrell Harris*, Deputy

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy.
PRNCO (REV) 0913

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE