STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

12-170315 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

4900-2450 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2. DATE OF DEATH—MONTH DAY YEAR	2a. HOUR		
LORI	LEE	KURSA	June 12, December 14, 1972	About 3:30 P.		
3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HOURS HOURS / MINUTES	
Female	Caucasian	California	February 26, 1959	13 YEARS		
8. NAME AND BIRTHPLACE OF FATHER			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER			
Homer H. Lee - Unknown			Lorraine Fletcher - California			
10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
U.S.A.	None	Never married	-----			
14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYER (GOVERNMENT, MILITARY OR PRIVATE) OR OF SELF-EMPLOYED, SPECIFY	17. KIND OF INDUSTRY OR BUSINESS			
Student	---	Cook Junior High School	Education			

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION (IF NOT IN HOSPITAL, GIVE STREET NUMBER OR LOCATION)			18b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
Found: California Rock, Inc. of Harville Road			No	
18c. CITY OR TOWN	18d. COUNTY	18e. LENGTH OF STAY IN COUNTY OF DEATH	18f. LENGTH OF STAY IN STATE OF DEATH	
Santa Rosa	Sonoma	Life YEARS	Life YEARS	

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT	
386 Delores Lane		No	Lorraine Kursa	
19c. CITY OR TOWN	19d. COUNTY	19e. STATE	Same as 19a	
Santa Rosa	Sonoma	California		

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER (SIGNATURE CERTIFY THAT DEATH OCCURRED AT TIME, DATE AND PLACE STATED. NOTE: FOR THE PURPOSES STATED BELOW AND THAT I HAVE BEEN ON THE DEATH OF DECEASED AS REQUIRED BY LAW)		21b. PHYSICIAN (SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN)	21c. DATE SIGNED	
		Deputy Coroner	Aug. 6, 1973	
21d. TIME OF DEATH	21e. DATE PRONOUNCED DEAD	21f. ADDRESS	21g. LICENSE NUMBER	
Investigation		Santa Rosa, California		

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE AND LICENSE NUMBER	
Burial	12-21-72	Rural Cemetery	/s/ Stephen Lang	6082
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. NAME AND ADDRESS OF PERSON WHO PREPARED THE DATA	27. LOCAL REGISTRAR—SIGNATURE	28. DATE RECEIVED BY LOCAL REGISTRAR	
Engen & Lance Mortuary		Walter C. Owens MD	1-2-73	

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

(A)	Anterior dislocation of first and second cervical vertebra with compression and hemorrhage of spinal cord	
DUE TO, OR AS A CONSEQUENCE OF: (B)	Trauma	
(C)		

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

31. AUTOPSY	32. WAS CASE REFERRED TO CORONER	32a. WAS CORONER'S INQUEST HELD
	Yes	Yes

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION; INSIDE CITY LIMITS)	35. INJURY AT WORK	36. DATE OF INJURY—MONTH DAY YEAR	36a. HOUR
Undetermined	Undetermined	Un-determined	12-2-72 & 12-14-72	Unknown
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. COUNTY	38. WAS INJURY WORK RELATED	39. WAS AUTOPSY PERFORMED
Unknown		Unknown	Yes	Yes

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. INCLUDE A STATEMENT WHETHER IT OCCURRED IN THE COURSE OF EMPLOYMENT)

Undetermined

STATE REGISTRAR

A	B	C	D	E	F
7	X	1		129x	

K-A-1 (Rev. 6-67)

INFORMATIONAL, NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.
MARK B HORTON, MD, MSPH, Director and State Registrar of Vital Records
by:

DATE ISSUED

Linette T Scott JAN 14 2010

LINETTE T SCOTT, MD, MPH, DEPUTY DIRECTOR
HEALTH INFORMATION AND STRATEGIC PLANNING DIVISION
This copy not valid unless prepared on engraved border displaying seal and signature of the Deputy Director.
Rev(10)

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CDPH Public Health

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE