

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS

COUNTY OF PLACER

ROCKLIN, CALIFORNIA 95765

3052024117230

CERTIFICATE OF DEATH

3202431001825

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) CARL		2. MIDDLE DUANE	
3. LAST (Family) NIESEN		4. DATE OF BIRTH mm/dd/ccyy 03/04/1940	
5. AGE Yrs. 84		6. SEX M	
7. DATE OF DEATH mm/dd/ccyy 05/28/2024		8. HOUR (24 Hours) 1256	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 567-52-6822	
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	
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) WHITE		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SAFETY ENGINEER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENGINEERING		19. YEARS IN OCCUPATION 44	
20. DECEDENT'S RESIDENCE (Street and number, or location) 16735 ROUGH AND READY HIGHWAY			
21. CITY ROUGH AND READY		22. COUNTY/PROVINCE NEVADA	
23. ZIP CODE 95975		24. YEARS IN COUNTY 70	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP PERRY DUANE NIESEN, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2054 BONNIE LANE, FOREST GROVE, CA 97116		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST KATHRYNE	
29. MIDDLE JEAN		30. LAST (BIRTH NAME) WILBOURN	
31. NAME OF FATHER/PARENT - FIRST CARL		32. MIDDLE PERRY	
33. LAST NIESEN		34. BIRTH STATE CA	
35. NAME OF MOTHER/PARENT - FIRST DOROTHY		36. MIDDLE BELL	
37. LAST (BIRTH NAME) ENNOR		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/ccyy 06/07/2024		40. PLACE OF FINAL DISPOSITION RESIDENCE PERRY NIESEN 16735 ROUGH AND READY HIGHWAY, ROUGH AND READY, CA 95975	
41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE ANGELS MORTUARY	
45. LICENSE NUMBER FD1588		46. SIGNATURE OF LOCAL REGISTRAR ROBERT LEE OLDHAM, MD	
47. DATE mm/dd/ccyy 06/04/2024		101. PLACE OF DEATH AUBURN OAKS CARE CENTER	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OR <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY PLACER		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3400 BELL ROAD	
106. CITY AUBURN		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. (A) CARDIOPULMONARY ARREST (B) MALIGNANT NEOPLASM OF PROSTATE (C) (D)	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 IN 107 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO			
113A. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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 (A) mm/dd/ccyy 05/01/2024 Decedent Last Seen Alive (B) mm/dd/ccyy 05/28/2024		115. SIGNATURE AND TITLE OF CERTIFIER BRENT CURTISS WILSON, MD	
116. LICENSE NUMBER G154638		117. DATE mm/dd/ccyy 05/31/2024	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BRENT CURTISS WILSON, MD 109 E SHORE DR, ARCADIA, OK 73007			
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 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/ccyy			
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			
127. DATE mm/dd/ccyy			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR			
FAX AUTH.#			
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED

06/10/2024

Robert L. Oldham, MD
HEALTH OFFICER AND LOCAL REGISTRAR

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the State Registrar.

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS
COUNTY OF PLACER
ROCKLIN, CALIFORNIA 95765

3052024117230

STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3202431001825

LOCAL REGISTRATION NUMBER

1.1

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST CARL	1B. MIDDLE DUANE	1C. LAST NIESEN
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 05/28/2024	4. CITY OF EVENT AUBURN
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD CARL PERRY NIESEN		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD DOROTHY BELL ENNOR
	5. COUNTY OF EVENT PLACER		

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

LIST ONE ITEM PER LINE	8. ITEM NUMBER TO BE CORRECTED 27	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD 2054 BONNIE LANE, FOREST GROVE, CA 97116	10. CORRECTED INFORMATION AS IT SHOULD APPEAR 2054 BONNIE LANE, FOREST GROVE, OR 97116

2 of 2

REASON FOR CORRECTION	11. CORRECT INFORMANT STATE
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AFFIDAVITS AND SIGNATURES	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.		
	12A. SIGNATURE OF FIRST PERSON REBEKAH DILLION	12B. PRINTED NAME REBEKAH DILLION	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL HOME STAFF LEVEL
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 250 RACE ST, GRASS VALLEY, CA 95945	12E. DATE SIGNED—MM/DD/CCYY 06/04/2024	
	13A. SIGNATURE OF SECOND PERSON JOSEPH A. MURRAY	13B. PRINTED NAME JOSEPH A. MURRAY	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 250 RACE ST, GRASS VALLEY, CA 95945		13E. DATE SIGNED—MM/DD/CCYY 06/04/2024

STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR CDPH-VR	15. DATE ACCEPTED FOR REGISTRATION 06/04/2024
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STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24e (REV. 1/08)

1.1

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