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8 Attorneys for Plaintiffs Maricela Javier, Uriel Javier, and Daniel Javier

FILED
Superior Court of California
County of Los Angeles

10/10/2022

Sherri R. Carter, Executive Officer / Clerk of Court

By: M. Guzman Deputy

9 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**

10 **COUNTY OF LOS ANGELES – STANLEY MOSK COURTHOUSE**

11 MARICELA JAVIER; URIEL JAVIER; and
12 DANIEL JAVIER,

13 Plaintiffs,

14 v.

15 PROVIDENCE SAINT JOHN’S HEALTH
CENTER; HOSSEIN NICK
16 PIRASTEHFAR, MD; SCOTT PETER
LAYNE, MD; ABIGAIL ELIZABETH
17 BEGGS, MD; and DOE 1 through DOE 25,
inclusive,

18 Defendants.

Case No. 22STCV23403

Unlimited Jurisdiction

Jury Trial Demanded

**FIRST AMENDED COMPLAINT FOR
SURVIVAL ACTION AND WRONGFUL
DEATH SOUNDING IN:**

1. **CONSTRUCTIVE FRAUD;**
2. **MEDICAL BATTERY; AND**
3. **MEDICAL NEGLIGENCE;**

**AND DECLARATION AS SUCCESSORS
IN INTEREST TO VICTOR MANUEL
JAVIER RUIZ**

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1 7. Daniel in an individual residing in Los Angeles County and the son of, and a
2 successor in interest to, his deceased father, Victor.

3 8. Plaintiffs have executed and filed with this complaint a sworn successor-in-
4 interest declaration.

5 9. Plaintiffs, as successors in interest, seek survivor action general damages pursuant
6 to Code of Civil Procedure Section 377.30, *et seq.*, including 377.34, subdivision (b).

7 10. Plaintiffs also seek wrongful death general and special damages pursuant to Code
8 of Civil Procedure Section 377.60, *et seq.*

9 11. Defendant Providence Saint John’s Health Center (Providence) is a California
10 nonprofit corporation with its principal place of business in Los Angeles County and holds itself
11 out as a “266-bed hospital with physicians, nurses, volunteers and support staff who work as a
12 team to provide the best possible medical care to its patients and the community. . . . Providence
13 Saint John’s reputation for academically-based care guided by research and evidence-based
14 medicine is due to the commitment to excellence by our physicians, nurses and caregivers. . . .
15 Nearly every core service line at Providence Saint John’s participates in research or clinical
16 trials.”

17 12. Defendants Hossein Nick Pirastehfah, MD, Scott Peter Layne, MD, and Abigail
18 Elizabeth Beggs, MD (the Physicians) are California licensed physicians of unknown domicile
19 who had privileges to provide medical care to patients at Providence.

20 13. The Physicians and DOE 1 through DOE 15, inclusive, were apparent and/or
21 ostensible agents of Providence.

22 14. The true name and capacity and/or bases of liability of DOE 1 through DOE 25,
23 inclusive, is unknown, and Plaintiff will seek leave to amend this complaint to identify their true
24 names and capacities when known.

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1 15. On information and belief, each of the fictitiously named DOE defendants is
2 responsible for, or has contributed to, the loss and damages alleged herein and the matters giving
3 rise to the relief sought.

4 16. The conduct giving rise to the causes of action alleged herein occurred within Los
5 Angeles County and within the City of Santa Monica.

6 17. Maricela seeks a damages award of more than the \$25,000 jurisdictional limit.

7 **Hiccups**

8 18. During respiration, the lungs take in oxygen when the diaphragm contracts, and
9 then release carbon dioxide when the diaphragm relaxes.

10 19. Hiccups are the product of CO₂ retention. This condition causes the diaphragm to
11 contract out of rhythm and is paired with a “hic” sound as the spasm causes the larynx and vocal
12 cords to close suddenly.

13 20. Hiccups, even when persistent, are simply, reliably, and completely resolved
14 without pain in less than 10 minutes through use of the Bucci Method which induces sufficient
15 hypercapnia to increase the level of InspCO₂ at the same level as EtCO₂ and to approximately 50
16 mm Hg.

17 **Safe Outpatient Multi-Drug Early Treatment for COVID-19**

18 21. Safe outpatient multi-drug early treatment (SOMDET) for COVID-19 patients
19 using well-studied and low risk medications has been the community standard of care for
20 physicians in Southern California – and nationwide – since the beginning of the pandemic.

21 22. SOMDET for COVID-19 has proven to be highly effective. For instance, local
22 Southern California physicians George Fareed, MD and Brian Tyson, MD have treated more
23 than 10,000 COVID-19 patients and had zero (0) patient deaths when SOMDET began within 7
24 days of the onset of symptoms.

25 23. SOMDET presents a very low risk to the patient, and a very high rate of success.

1 **Remdesivir**

2 24. Remdesivir is a failed Ebola drug that was found to be terminally toxic to the
3 kidneys. It was pulled from an Ebola study because more than fifty-three-percent (53%) of the
4 Remdesivir recipients died.

5 25. In COVID-19 healthcare circles across the country, Remdesivir has carried the
6 nickname “Run, death is near.”

7 26. According to Peter McCullough, MD: “Remdesivir has two problems: First, it
8 doesn’t work. Second, it is toxic and kills people.”

9 27. Remdesivir is medically unnecessary for treatment of COVID-19. An extensive
10 study sponsored by the World Health Organization, conducted in 405 hospitals across 30
11 countries on more than 10,000 patients, found that Remdesivir does not help patients with
12 COVID-19 survive, and that it does not shorten the recovery time for those COVID-19 patients
13 who do survive.

14 28. On November 19, 2020 the World Health Organization’s Guideline Development
15 Group, a panel of international experts who provide advice to the agency, published their
16 conclusion that there is no evidence that Remdesivir has meaningful effect on mortality or on
17 other important outcomes for COVID-19 patients, such as the need for mechanical ventilation or
18 time for clinical improvement.

19 29. On November 20, 2020 the World Health Organization published its conditional
20 recommendation that physicians do **not** treat COVID-19 patients with Remdesivir. The
21 conditional recommendation meant that there was not enough evidence to support its use.

22 30. Remdesivir presents risk of serious injury and death. Remdesivir presents a
23 roughly three-thousand-percent (3,000%) increase in the rate of acute renal failure as compared
24 to other drugs prescribed in comparable situations. Roughly one (1) out of every five (5)
25 hospitalized COVID-19 patients who receives Remdesivir suffers acute renal failure.

1 **Dexamethasone**

2 31. Dexamethasone is a corticosteroid with a black box warning label due to its risk.

3 32. Dexamethasone is not FDA approved for treatment of COVID-19.

4 33. Dexamethasone presents a safety risk of worsening hyperglycemia in patients
5 with diabetes mellitus and should not be administered for more than 10 days to treat COVID-19.

6 34. Dexamethasone also presents a risk of worsening CO₂ retention and hiccups.

7 **Fiduciary Duty and Constructive Fraud**

8 35. A fiduciary must tell its principal of all information it possesses that is material to
9 the principal's interests. A fiduciary's failure to share material information with the principal is
10 constructive fraud.

11 36. A person of adult years and in sound mind has the right, in the exercise of control
12 over his or her own body, to determine whether or not to submit to lawful medical treatment.

13 37. A physician is under a fiduciary duty to disclose all available choices regarding
14 any prescribed course of therapy and of the potential risks of each choice. All information
15 material to a patient's decision to receive or decline a particular medical treatment must be
16 disclosed.

17 38. A physician is under a fiduciary duty to disclose medical errors to a patient.

18 39. A physician must disclose personal interests unrelated to a patient's health,
19 whether research or economic, that may affect the physician's professional judgment.

20 40. It is medically unethical to administer an unnecessary medical treatment.

21 41. It is medically unethical, and a violation of California, federal, and International
22 laws, to administer a medical treatment without informed consent.

23 42. Constructive fraud occurs when a physician breaches his or her fiduciary duty to
24 disclose material information to their patient. No fraudulent intent is required, and reasonable
25 reliance on the nondisclosure is presumed.

1 **Economic Interest**

2 43. On information and belief, Providence had a financial in the form of a bonus or
3 incentive in (a) administering a COVID-19 test to Victor, (b) labeling Victor as a COVID-19
4 patient, (c) administering Remdesivir to Victor, (d) placing Victor on a ventilator, and/or (e)
5 labeling COVID-19 as the cause of Victor's death.

6 44. On information and belief, the Physician and DOE defendants had an economic
7 interest in employing Providence's COVID-19 treatment protocol.

8 **Victor and Maricela**

9 45. Victor and Maricela were married for 27 years and raised a family of 3 sons
10 together. Victor was known for his love of his wife, Maricela, and his sons, cooking, and soccer.

11 46. Victor worked as a chef for 30 years, and loved to cook at home for his family
12 even after spending a day in the kitchen at work.

13 47. Victor was an active and healthy 54-year-old man. He had been diagnosed with
14 diabetes mellitus, but it was completely under control and no hospital intervention was needed.
15 Victor never needed to take insulin injections at home.

16 48. A few years ago, Victor developed a case of persistent hiccups which lasted
17 several days. However, Victor sought medical assistance and it fully resolved.

18 49. In mid-July of 2021, Victor once again developed a case of persistent hiccups
19 which lasted nearly a week. Aside from the hiccups, Victor felt well and he continued to work
20 his shifts as a chef at a local senior living center.

21 50. On July 17, 2021 Victor came home early from work because of his persistent
22 hiccups. Despite having the hiccups, Victor did not feel ill or present any symptoms of a cold,
23 flu, or other illness. Victor and Maricela were intimate that night.

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1 **Admission to Providence**

2 51. On July 18, 2021 Victor and Maricela went to Providence.

3 52. Providence and the Physicians recognized Maricela as Victor's wife and an
4 authorized decision-maker for Victor.

5 53. On arrival, Victor and Maricela only requested and authorized Providence and its
6 Physicians to diagnose and treat Victor for his hiccups, and nothing else.

7 54. When Victor walked into the Providence emergency department at 10:06 am, he
8 was not in acute distress, did not appear ill or diaphoretic, and he was alert and oriented.

9 55. Victor did not have any weakness, muscle aches, edema, or any other issues with
10 his limbs, shoulders, thighs, or lower back, and he did not have a sore abdomen.

11 56. Victor did not have any discolored urine or decreased urination, and his creatine
12 kinase level was normal. He eyes were aligned functioning normally.

13 57. Victor did not come into the hospital with rhabdomyolysis.

14 58. Upon examination in the Providence emergency department, Victor did not have a
15 cough, congestion, sore throat, rhinorrhea, vomiting, diarrhea, fever, chills, or loss of taste or
16 smell. His chest x-ray was clear, and it was noted by Providence staff that "[n]o active disease is
17 seen in the chest." Victor's temperature at 11:29 am was normal at 97.9 °F.

18 59. Victor was given a PCR test for COVID-19 which returned a positive result.

19 60. A PCR test result does not measure infectiousness, and a positive result does not
20 determine the presence of a viable SARS-CoV-2 virus or active infection.

21 61. In general, the cycle threshold value of a positive PCR test result is inversely
22 related to the SARS-CoV-2 viral load, if any.

23 62. Before Victor submitted to the PCR test, each of the Physicians who had
24 interacted with, or provided consultation for, Victor on July 18, 2021 failed to disclose to Victor
25 or Plaintiffs that the test had not been approved by the FDA, that it would not measure

1 infectiousness or determine the presence of a viable SARS-CoV-2 virus or active infection, or
2 that it presented a risk of a false positive result.

3 63. After Victor's PCR test result was returned, each of the Physicians who had
4 interacted with, or provided consultation for, Victor on July 18, 2021 failed to disclose to Victor
5 or Plaintiffs the cycle threshold value of the positive test result, or that the result may be a false
6 positive, or that SOMDET was an available choice of treatment for SARS-CoV-2 and the risk of
7 such treatment was extremely low.

8 64. Each of the Physicians who had interacted with, or provided consultation for,
9 Victor also failed to disclose to Victor or Plaintiffs that his hiccups could be treated and
10 completely resolved in less than 10 minutes without pain by use of the Bucci Method, and they
11 failed to treat the hiccups.

12 65. Instead, Providence and each of the Physicians who had interacted with, or
13 provided consultation for, Victor on July 18, 2021 prevented Victor and Plaintiffs from having
14 physical contact.

15 66. Victor was admitted, denied visitation, and provided treatment on July 18, 2021
16 other than the requested and authorized care for hiccups, and did not receive SOMDET or
17 referral to a SOMDET specialist.

18 **High Risk Contraindicated Treatment Without Informed Consent**

19 67. Victor was placed on forced oxygen while he still had CO₂ retention and hiccups.

20 68. Beginning on July 18, 2021, Victor was given Remdesivir for 5 days without the
21 knowledge, consent, or informed consent of Victor or Plaintiffs. Each of the Physicians ordered
22 or instructed the use of Remdesivir.

23 69. Beginning on July 18, 2021 Victor was given Dexamethasone for 12 days without
24 the knowledge, consent, or informed consent of Victor or Plaintiffs. Each of the Physicians
25 ordered or instructed the use of Dexamethasone.

1 70. The Remdesivir and Dexamethasone caused Victor’s kidneys to fail and caused
2 his diabetes mellitus to worsen.

3 71. The Dexamethasone caused Victor’s CO₂ retention and hiccups to worsen.

4 72. After three days of Remdesivir and Dexamethasone, Victor became agitated and
5 could no longer tolerate the treatment at Providence.

6 73. Victor was prevented from having physical contact with Plaintiffs, but he was
7 able to speak to Maricella by phone and told her that the hospital was injecting him with insulin
8 and that he had gone blind as a result. Victor also said that he was afraid the hospital would not
9 allow him to come home.

10 74. Instead of allowing Victor to receive visitation and physical contact from his wife
11 and sons, discontinuing the forced oxygen, discontinuing Remdesivir, discontinuing
12 Dexamethasone, and treating Victor’s hiccups using the Bucci Method, Victor was loaded up
13 with propofol and placed on a ventilator on July 21, just 3 days after walking to Providence with
14 hiccups. This was the last time Maricela and Victor were able to speak to one another.

15 75. Victor’s kidney failure and diabetes continued to worsen. Victor suffered acute
16 kidney failure, became massively edematous, and he developed rhabdomyolysis and other life-
17 threatening conditions.

18 76. The August 2, 2021 written evaluation from Providence’s consulting nephrologist
19 attempted to cover-up the cause of Victor’s injuries, falsely stating that “the patient is noted to
20 have come into the hospital with rhabdomyolysis.”

21 77. Maricela and her sons were able see Victor through a window on only 2
22 occasions. During a viewing, they observed that Victor’s eyeballs were looking in two different
23 directions, away from each other. Victor’s son, Uriel, asked a nurse what happened to Victor’s
24 eyes, and she said that Victor came into the hospital that way. Uriel immediately disputed the
25 nurse’s statement.

1 87. The Physicians and DOE Defendants to this cause of action held a fiduciary duty
2 to Victor and/or Plaintiffs as physicians to Victor during his hospitalization at Providence.

3 88. The Physicians and DOE Defendants to this cause of action knew, or should have
4 known, that Victor, Plaintiffs, and a reasonable person in the position of Victor and/or Plaintiffs,
5 would consider the following information, which they did not disclose to Victor or Plaintiffs, to
6 be material in considering whether to consent to the administration of Remdesivir or
7 Dexamethasone for Victor:

- 8 a. The PCR test for COVID-19 was not FDA approved;
- 9 b. The PCR test result does not measure infectiousness, and a positive result
10 does not determine the presence of a viable SARS-CoV-2 virus or active infection;
- 11 c. The cycle threshold value of Victor’s positive PCR test result and its
12 meaning;
- 13 d. The PCR test result may be a false positive;
- 14 e. SOMDET for COVID-19 patients has been the community standard of
15 care for physicians in Southern California since the beginning of the pandemic;
- 16 f. SOMDET was an available choice of treatment for SARS-CoV-2, was
17 highly effective, and the risk of such treatment was very low;
- 18 g. Hiccups, even when persistent, are simply, reliably, and completely
19 resolved without pain in less than 10 minutes through use of the Bucci Method;
- 20 h. The largest study of Remdesivir found that it does not help patients with
21 COVID-19 survive, and that it does not shorten the recovery time for those COVID-19 patients
22 who do survive;
- 23 i. Remdesivir may increase the risk of death, and it presents a significant
24 and/or a twenty-percent (20%) chance of acute renal failure;

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1 j. The World Health Organization published a conditional recommendation
2 that physicians do **not** treat COVID-19 patients with Remdesivir, and that the conditional
3 recommendation meant that there was not enough evidence to support its use;

4 k. Dexamethasone is a corticosteroid with a black box warning label due to
5 its risk;

6 l. Dexamethasone is not FDA approved for treatment of COVID-19;

7 m. Dexamethasone presents a safety risk of worsening hyperglycemia in
8 patients with diabetes mellitus;

9 n. Dexamethasone presents a risk of worsening CO₂ retention and hiccups;

10 o. Dexamethasone should not be administered for more than 10 days to
11 hospitalized patients to treat COVID-19;

12 p. Providence had a financial interest in administering a COVID-19 test on
13 Victor;

14 q. Providence had a financial interest in the form of a bonus or incentive in
15 labeling Victor as a COVID-19 patient;

16 r. Providence had a financial interest in the form of a bonus or incentive in
17 administering Remdesivir to Victor;

18 s. Providence had a financial interest in the form of a bonus or incentive in
19 placing Victor on a ventilator; and/or

20 t. Providence had a financial interest in the form of a bonus or incentive in
21 labeling COVID-19 as the cause of Victor's death.

22 89. Victor was harmed. He suffered pre-death physical injuries, acute kidney failure,
23 severe pain and suffering, and ultimately death.

24 90. The conduct of the Physicians and DOE Defendants to this cause of action were a
25 substantial factor in causing Victor's harm, and his death.

1 106. It was below the standard of care to administer Dexamethasone to Victor.

2 107. It was below the standard of care to fail to obtain informed consent to administer
3 Remdesivir to Victor.

4 108. It was below the standard of care to fail to obtain informed consent to administer
5 Dexamethasone to Victor.

6 109. The conduct of the Physicians and DOE Defendants to this cause of action was
7 below the standard of care and constituted a breach of their duty.

8 110. Victor was harmed. He suffered pre-death physical injuries, acute kidney failure,
9 severe pain and suffering, and ultimately death.

10 111. The conduct of the Physicians and DOE Defendants to this cause of action were a
11 substantial factor in causing Victor's harm, and his death.

12 112. Plaintiffs were harmed. They suffered loss of love, affection, society, service,
13 relationship, comfort, care, support, right of support, expectations of future support and
14 counseling, companionship, solace and mental support, training, guidance, as well as other
15 benefits and assistance, from Victor, economic loss, as well as funeral and related expenses.
16 Maricela also suffered loss of intimacy.

17 113. The conduct of the Physicians and DOE Defendants to this cause of action were a
18 substantial factor in causing Plaintiffs' harm.

19 114. Defendant Providence is directly and/or vicariously liable for the conduct of the
20 Physicians and DOE Defendants to this cause of action.

21 115. An officer, director, and/or managing agent of Defendant Providence authorized,
22 approved and/or ratified the conduct of the Physicians and DOE Defendants to this cause of
23 action.

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1 **PRAYER FOR RELIEF**

2 Maricela Javier, Uriel Javier, and Daniel Javier each prays for entry of judgment in their
3 favor and against Providence Saint John’s Health Center, Hossein Nick Pirastehfah, MD, Scott
4 Peter Layne, MD, Abigail Elizabeth Beggs, MD, and DOE 1 through DOE 25, for survivor pre-
5 death pain and suffering general damages, wrongful death general and special damages, statutory
6 damages, costs of suit, and for such other and further relief as the court deems just.

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8 Respectfully,

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10 BRYAN M. GARRIE, APC
LAW OFFICE OF MATTHEW P. TYSON

11
12 Dated: October 10, 2022

13 By: 
14 BRYAN M. GARRIE
MATTHEW P. TYSON
Attorneys for Plaintiffs Maricela Javier,
Uriel Javier, and Daniel Javier

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**DECLARATION AS SUCCESSORS IN INTEREST
TO VICTOR MANUEL JAVIER RUIZ**

We, Maricela Javier (Maricela), Uriel Javier (Uriel), and Daniel Javier (Daniel), declare:

1. We are the plaintiffs in above complaint for a survival action and wrongful death sounding in (1) constructive fraud, (2) medical battery, and (3) medical negligence.

2. The decedent in the complaint, Victor Manuel Javier Ruiz, was Maricela's husband of 27 years and the father of Uriel, Daniel, and Giovanni Javier (Giovanni).

3. Giovanni has elected to abandon and waive all of his rights, claims and any recovery of damages arising out of this wrongful death and survival action. A true and correct copy of his executed abandonment and waiver statement is attached as EXHIBIT 1.

4. No proceeding is now pending in California for administration of the decedent's estate.

5. We are the decedent's successors in interest (as defined in Section 377.11 of the California Code of Civil Procedure) and succeed to the decedent's interest in the action or proceeding.

6. No other person has a superior right to commence the action or proceeding or to be substituted for the decedent in the pending action or proceeding.

7. A true and correct certified copy of the decedent's death certificate is attached as EXHIBIT 2.

8. We declare under penalty of perjury under the laws of California that the foregoing is true and correct.

9. This declaration was executed on October 10, 2022 in Los Angeles County.

By: _____ By: _____ By: _____
Maricela Javier Uriel Javier Daniel Javier

**DECLARATION AS SUCCESSORS IN INTEREST
TO VICTOR MANUEL JAVIER RUIZ**

We, Maricela Javier (Maricela), Uriel Javier (Uriel), and Daniel Javier (Daniel), declare:

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9. This declaration was executed on October 10, 2022 in Los Angeles County.

By: Maricela Javier
Maricela Javier

By: Uriel Javier
Uriel Javier

By: Daniel Javier
Daniel Javier

EXHIBIT 1

**Abandonment and Waiver of all Rights, Claims and
Recovery of Damages Arising out of Wrongful death and/or Survival Action**

I, Giovanni Javier, am a known heir to Victor Manuel Javier Ruiz (the Deceased), and am fully aware of my standing to assert a wrongful death and/or survival action against potential parties that may have been responsible for the death of the Deceased.

I have been informed that as a legal heir to the decedent, I am a necessary party for any wrongful death and/or survival action relating to the Deceased that may be prosecuted against potential parties that may have been responsible for the pre-death injuries and/or the death of the Deceased.

I have also been informed that unless I consent to be named as a plaintiff in any wrongful death and/or survival action, I must be named as a nominal defendant in any such action pursuant to Code of Civil Procedure section 382. However, after careful consideration, I have decided that I do not want to be a plaintiff, nor do I want to be named as a nominal defendant in any wrongful death and/or survival action.

Based on the foregoing, I am fully and freely abandoning and waiving all rights, claims and recovery of damages associated with any wrongful death and/or survival action relating to the Deceased.

Upon abandoning and waiving all of my rights, claims and recovery of damages associated with any wrongful death and/or survival action relating to the Deceased, I acknowledge and understand that if any recovery of damages is obtained from any party as a result of any such wrongful death and/or survival action by way of any judgment, arbitration award and/or settlement, I am forever barred from participating in any financial recovery or pursuing any claims or rights against anyone for any sums of money or other compensation.

If a wrongful death and/or survival action relating to the Deceased is commenced in court or arbitration, I hereby instruct counsel for the plaintiff(s) to not include me as a plaintiff or nominal defendant, and instead I instruct counsel to provide the Court and any and all defendants with this Abandonment and Waiver of all Rights, Claims and Recovery of Damages Arising out of Wrongful death and/or Survival Action.

I acknowledge that I have had the right and sufficient time to retain legal counsel to advise me regarding my decision to abandon and waive my rights as set forth herein and understand the nature of this document before signing below.

I declare that all of the foregoing is true and correct and do so under penalty of perjury under the laws of the State of California.

Executed this 10th day of October, 2022, in the county of Los Angeles, California.

Printed Name: _____

Signature: _____

Address: _____

Telephone: _____

I acknowledge that I have had the right and sufficient time to retain legal counsel to advise me regarding my decision to abandon and waive my rights as set forth herein and understand the nature of this document before signing below.

I declare that all of the foregoing is true and correct and do so under penalty of perjury under the laws of the State of California.

Executed this 10th day of October, 2022, in the county of Los Angeles, California.

Printed Name: Giovanni Javier Lopez

Signature: Giovanni Javier

Address: 430 Pico Blvd.

Unit 209

Telephone: 310) 946-8077

EXHIBIT 2

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER 3052021208294		CERTIFICATE OF DEATH <small>LIST OF CAUSES USE BLACK INK ONLY - NO ERASURES AND VOIDS OR ALTERATIONS VS-11 (REV 3/95)</small>		LOCAL REGISTRATION NUMBER 3202119050014	
1. NAME OF DECEDENT - FIRST (Given) VICTOR		2. MIDDLE MANUEL		3. LAST (Family) JAVIER RUIZ	
4. DATE OF BIRTH <small>mm/dd/yyyy</small> 01/06/1967		5. AGE (In Years) 54		6. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY MEXICO		10. SOCIAL SECURITY NUMBER 612-54-1019		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		15. DECEDENT'S RACE - List in 2 places only for listed race worksheet on back MEXICAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. CHEF		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FOOD		19. YEARS IN OCCUPATION 24	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1827 19TH ST APT 2					
21. CITY SANTA MONICA		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 90404	
24. YEARS IN COUNTY 36		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP MARICELA JAVIER, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or care center/number, city or town, state and zip) 1827 19TH ST APT 2, SANTA MONICA, CA 90404		
28. NAME OF SURVIVING SPOUSE/SRDP-FIRST MARICELA		29. MIDDLE -		30. LAST (BIRTH NAME) LOPEZ	
31. NAME OF FATHER/PARENT-FIRST DANIEL		32. MIDDLE -		33. LAST JAVIER	
34. BIRTH STATE MEXICO		35. NAME OF MOTHER/PARENT-FIRST ESTER		36. MIDDLE -	
37. LAST (BIRTH NAME) RUIZ		38. BIRTH STATE MEXICO			
39. DISPOSITION DATE <small>mm/dd/yyyy</small> 08/27/2021		40. PLACE OF FINAL DISPOSITION SANTA MONICA WOODLAWN CEMETERY 1847 14TH ST, SANTA MONICA, CA 90404			
41. TYPE OF DISPOSITIONS BU		42. SIGNATURE OF EMBALMER BRITTANY TAYLOR HOLTSON		43. LICENSE NUMBER EMB9426	
44. NAME OF FUNERAL ESTABLISHMENT CITY OF SANTA MONICA WOODLAWN CEMETERY MAUSOLEUM & MORTUARY		45. LICENSE NUMBER FD2101		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS MD	
47. DATE <small>mm/dd/yyyy</small> 08/25/2021					
101. PLACE OF DEATH PROVIDENCE SAINT JOHN'S HEALTH CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> TROP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2121 SANTA MONICA BLVD		106. CITY SANTA MONICA	
107. CAUSE OF DEATH Enter the chain of events — disease, injury, or complication — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular failure on without stating the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) COVID 19 Final disease or condition resulting in 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		Time Interval Between Onset and Death WEEKS		108. DEATH REPORTED TO CORNER? <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 DRY GANGRENE OF BILATERAL LOWER EXTREMITIES, DEEP VEIN THROMBOSIS, ACUTE RENAL FAILURE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		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 <small>mm/dd/yyyy</small> 08/14/2021 Decedent Last Seen Alive <small>mm/dd/yyyy</small> 08/17/2021		115. SIGNATURE AND TITLE OF CERTIFIER SEAN - DOOLEY, MD	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SEAN DOOLEY, M.D. 2121 SANTA MONICA BLVD, SANTA MONICA, CA 90404		117. LICENSE NUMBER A135857		118. DATE <small>mm/dd/yyyy</small> 08/24/2021	
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 <small>mm/dd/yyyy</small>	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 Hours)		124. INJURY DATE <small>mm/dd/yyyy</small>	
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 <small>mm/dd/yyyy</small>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES



This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Health Office and Registrar *[Signature]* MD
DO 22

DATE ISSUED

AUG 26 | 2021

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

