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STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2700 415

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH. DAY. YEAR	2b. HOUR
Jacob	Hall	Wismer	March 24, 1967	8:30 PM

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Male	Caucasian	Pennsylvania	April 13, 1898	68 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER
Jacob H. Wismer--Pennsylvania	Sarah Ann Kratz- Penn.	USA	572-05-5787

12. LAST OCCUPATION	13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM	15. KIND OF INDUSTRY OR BUSINESS
Ret. Produce Packer	2	Unknown	Agriculture

16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	18a. NAME OF PRESENT SPOUSE	18b. PRESENT OR LAST OCCUPATION OF SPOUSE
None	Married	Mildred Wismer	Homemaker

PLACE OF DEATH

19a. PLACE OF DEATH—NAME OF HOSPITAL	19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	
General Hospital of Monterey County	Natividad Rd.	(X) INSIDE CITY LIMITS ( ) OUTSIDE CITY LIMITS

19c. CITY OR TOWN	19d. COUNTY	19e. LENGTH OF STAY IN COUNTY OF DEATH	19f. LENGTH OF STAY IN CALIFORNIA
Salinas	Monterey	32 YEARS	32 YEARS

LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	20b. IF INSIDE CITY CORPORATE LIMITS	IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)
5 Bay View Rd	( ) WITHIN MILE	( ) ON A FARM (X) NOT ON A FARM	Mildred Wismer

20c. CITY OR TOWN	20d. COUNTY	20e. STATE	21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEDENT)
Castroville	Monterey	California	5 Bay View Rd., Castroville

PHYSICIAN'S OR CORONER'S CERTIFICATION

22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM _____ TO _____ AND THAT I LAST SAW THE DECEASED ALIVE ON _____

22c. PHYSICIAN OR CORONER—SIGNATURE: ▶ Christopher H. Hill Jr. DEGREE OR TITLE: Coroner

22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN Autopsy (CORONER'S INQUEST OR INQUIRY) ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.

22d. ADDRESS: 139 W. Gabilan St., Salinas — 22e. DATE SIGNED: 4/3/67

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	24. DATE	25. NAME OF CEMETERY OR CREMATORY	26. EMBALMER—SIGNATURE (IF BODY EMBALMED)	LICENSE NUMBER
Burial	3/30/67	Pajaro Valley Memorial Park	John P. Harmon	5393

27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR	29. LOCAL REGISTRAR—SIGNATURE
Healey Mortuary, Salinas	MAR 30 1967	▶ R S Fraser M.D.

CAUSE OF DEATH

30. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Crush injury to chest
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B): _____ DUE TO (C): _____

Hrs. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

OPERATION AND AUTOPSY

31. OPERATION—CHECK ONE	32. DATE OF OPERATION	33. AUTOPSY—CHECK ONE
( ) NO OPERATION ( ) OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ( ) OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		( ) NO AUTOPSY PERFORMED (X) AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ( ) AUTOPSY PERFORMED—GROSS FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

INJURY INFORMATION

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34b. DESCRIBE HOW INJURY OCCURRED (GIVE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF ITEM 30.)
Prob. Homicide	Auto-truck collision - Truck driver

35a. TIME OF INJURY HOUR	MONTH	DAY	YEAR	35b. INJURY OCCURRED	35c. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)	35d. CITY, TOWN, OR LOCATION	COUNTY	STATE
Abt 6:05 P M.	3/24/67			( ) WHILE AT WORK (X) NOT WHILE AT WORK	About Highway	Rural Castroville	Monterey	Calif.

Rev. 1-1-66 Form VS-11

OFFICE OF RECORDER OF MONTEREY COUNTY, CALIFORNIA. I hereby certify the above and foregoing to be a full, true and correct copy of the original as the same appears on REEL 8 of Deaths At Page 952. Witness my hand and Official seal this 11th day of May, 1967.

Emmet G. McMenamin Recorder

Mary Georgalos Deputy

Mary Georgalos

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of _____

this 18 day of May A. D. 1967 at 1:00 o'clock p M., and duly recorded in Vol. M-67, of Deeds on Page 3711

DOROTHY ROGERS, County Clerk

Fee 1.50 By Louise M. Kaufman

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