STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 5400 1389

DECEDENT PERSONAL DATA

- 1a. Name of Deceased—First Name: Mark
- 1b. Middle Name: Spencer
- 1c. Last Name: Brewer
- 2a. Date of Death: 10-29-1971
- 2b. Hour: 10:30 A M
- 3. Sex: Male
- 4. Color or Race: Cauc.
- 5. Birthplace: California
- 6. Date of Birth: 10/22/1915
- 7. Age: 56 years
- 8. Name and Birthplace of Father: Addison Brewer, Mich.
- 9. Maiden Name and Birthplace of Mother: Helen Stevens, Neb.
- 10. Citizen of What Country: USA
- 11. Social Security Number: 549-16-8657
- 12. Married, Never Married, Widowed, Divorced: Married
- 13. Name of Surviving Spouse: Helen Krebs
- 14. Last Occupation: Rancher
- 15. Years: 9
- 16. Name of Last Employing Company or Firm: Self-Employed
- 17. Kind of Industry or Business: Citrus

PLACE OF DEATH

- 18a. Place of Death—Name of Hospital:
- 18b. Street Address: 12785 Ave. 460
- 18c. Inside City Corporate Limits: No
- 18d. City or Town: Orange Cove
- 18e. County: Tulare
- 18f. Length of Stay in County: 9 years
- 18g. Length of Stay in California: Life

USUAL RESIDENCE

- 19a. Usual Residence—Street Address: 12785 Ave. 460
- 19b. Inside City Corporate Limits: No
- 19c. City or Town: Orange Cove
- 19d. County: Tulare
- 19e. State: California
- 20. Name and Mailing Address of Informant: Helen Brewer, 12785 Ave. 460, Orange Cove, California

PHYSICIAN'S OR CORONER'S CERTIFICATION

- 21a. Coroner: Investigation
- 21c. Signature: Bob Wiley Sheriff-Coroner, (Deputy) [signature]
- 21d. Address: Visalia, California
- 21e. Date Signed: 10/29/71
- 21f. Physician's License Number: ---

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 22a. Specify Burial, Entombment or Cremation: Burial
- 22b. Date: 11/2/71
- 23. Name of Cemetery or Crematory: Ivy-Lawn Memorial Park-Ventura Calif.
- 24. Embalmer Signature: [signature] — License Number: 5804
- 25. Name of Funeral Director: Dopkins Chapel, Dinuba
- 26. If Not Certified by Coroner: ---
- 27. Local Registrar Signature: L. F. Chamberlen MD [signature]
- 28. Date Accepted for Registration: 11/1/71

CAUSE OF DEATH

29. Part I. Death was caused by:

- Immediate Cause (A): Acute Myocardial Failure
- Due to, or as a consequence of (B): Myocardial Infarction
- Due to, or as a consequence of (C): Obliterative Coronary Arteriosclerosis

30. Part II. Other significant conditions:

- 31. Operation: none
- 32a. Autopsy: yes
- 32b.: yes

INJURY INFORMATION

- 33. Specify Accident, Suicide or Homicide:
- 34. Place of Injury:
- 35. Injury at Work:
- 36a. Date of Injury:
- 36b. Hour:
- 37a. Place of Injury:
- 40. Describe How Injury Occurred:

STATE REGISTRAR

A	B	C	D	E	F

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State of California } ss
County of Tulare }

I HEREBY CERTIFY the foregoing to be a full, true and correct copy of the original instrument filed for record November 1 1971 Document No. 1389
In Witness Whereof, I have hereunto set my hand and affixed my Official Seal, this 8th February 1973
L. F. Chemberlen, M.D., Local Registrar
By Margery A. Martin Deputy Registrar

Ret Helen D Brewer
12785 avenue 460
Orange Cove, Calif 93646
ck 2

Helen Brewer
22nd March 73
11;05 A
M73 Deeds
3074
[signature]
$2.00