Vol. M77 Page 11357 339

31698 CERTIFICATE OF DEATH 11700

STATE OF CALIFORNIA — DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED — FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH — MONTH DAY YEAR	2b. HOUR
CHARLES	HARVEY	ROBARTS	Feb. 4, 1977	12:14 A.

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	White	Santa Rosa, Ca.	Dec. 18, 1924	52 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Charles Robarts, Santa Rosa, Ca.	Neva Britian, Santa Rosa, Ca.

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
U.S.A.	564-28-7782	Married	Dorothy I. Holmquist

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM	17. KIND OF INDUSTRY OR BUSINESS
Claims Agent	22	Pacific Far East Lines	Shipping

PLACE OF DEATH

18a. PLACE OF DEATH — NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY	18b. STREET ADDRESS — (STREET AND NUMBER OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Richmond Hospital	23rd & Gaynor	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Richmond	Contra Costa	20 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
6730 Glen Mawr	Yes	Dorothy Robarts, Wife 6730 Glen Mawr El Cerrito, Ca. 94530

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
El Cerrito	Contra Costa	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. 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 OR THE REMAINS OF DECEASED AS REQUIRED BY LAW.	21b. PHYSICIAN: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM ... TO ... (ENTER MONTH, DAY, YEAR) AND THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE.	21c. DATE SIGNED
Investigation (INVESTIGATION, INQUEST)	by: Harry D. Ramsay, Sheriff-Coroner	2-9-77

21d. ADDRESS	21e. PHYSICIAN'S CALIFORNIA LICENSE NUMBER
216 Muir Rd., Martinez, Ca.	---

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER — SIGNATURE (IF BODY EMBALMED) — LICENSE NUMBER
Cremation	2/7/77	Sunset View Crematory	Michael D. Bailey 5975

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR — SIGNATURE	28. DATE RECEIVED BY LOCAL REGISTRAR
Ellis-Olson Mortuary		Orlin H. Wood, M.D.	FEB 10 1977

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 THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

IMMEDIATE CAUSE (A) RECURRENT POSTERIOR LEFT VENTRICULAR MYOCARDIAL INFARCTION

DUE TO, OR AS A CONSEQUENCE OF (B) OCCLUSION, RIGHT MAIN CORONARY ARTERY

DUE TO OR AS A CONSEQUENCE OF (C) ADVANCED CORONARY ARTERIOSCLEROSIS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II. OTHER SIGNIFICANT CONDITIONS — CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.: Old posterior left ventricular myocardial infarct; myocardial hypertrophy

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY)	32a. AUTOPSY (SPECIFY YES OR NO)	32b. IF YES, WAS FINDING CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
None	Yes	Yes

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY — MONTH DAY YEAR	36b. HOUR
				M.

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) MILES	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

CERTIFICATION STATEMENT

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF FACTS RECORDED ON THE DEATH RECORD OF THE ABOVE NAMED DECEDENT AS REGISTERED IN THIS OFFICE.

SIGNATURE OF CERTIFYING OFFICIAL	OFFICIAL TITLE
Orlin H. Wood, M.D.	Local Registrar

PLACE OF CERTIFICATION	DATE OF CERTIFICATION
Contra Costa County Health Department Martinez, California	FEB 10 1977

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, BUREAU OF VITAL STATISTICS

1st Federal 540 Main

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 28th day of JUNE A.D., 19 77 at 10:45 o'clock A M., and duly recorded in Vol M77, of DEEDS on Page 11357.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Draz Deputy