58221

Vol. M/18 Page 25432

NTC 1396

STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

2800 3772
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
EVELYN	GEORGINA	HOFFMANN	Sept. 22, 1978	2110

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Female	White	--	Sept. 21, 1920	58 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
California	Earl Hicklin CA	Margurite Davidson- Unk

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	571 32 1438	Married	Roy Hoffmann

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Housewife	yrs.	At Home	At Home

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
645 Lockwood Dr.		Vallejo

19D. COUNTY	19E. STATE
Solano	Ca.

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Queen of the Valley Hospital	Napa

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
1000 Trancas	Napa

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Roy Hoffmann- Husband
645 Lockwood Dr.
Vallejo, Ca.

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A) Spontaneous Cerebral Hemorrhage

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (B) Reptured Intercranial Aneurysm

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? yes

25. WAS BIOPSY PERFORMED? NO

26. WAS AUTOPSY PERFORMED? no

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: NONE

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Crainotomy DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
9/22/78	9-22-78	David J. Sadler MD		G225780

28E. TYPE PHYSICIAN NAME AND ADDRESS: Robert J. Goldberg 980 Trancas, Napa, Ca.

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
cremation	9-25-78	Pleasant Hill Cemetery, Sebastopol	not embalmed

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Napa Valley Memorial Gardens

41. REGISTRAR—SIGNATURE: Olive M. Jack, M.D.

42. DATE ACCEPTED BY LOCAL REGISTRAR: SEP 25 1978

STATE REGISTRAR

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

'78 NOV 13 AM 11 22

After Recording, return to:

Roy L. Hoffmann
645 Lockwood Drive
Vallejo, Ca. 94590

CO. HEALTH

OCT 5 1978
This is a true copy of the Certificate on file in my office.
Olive M. Jack, M.D.
REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 13th day of Novembear A.D., 19 78 at 11:22 o'clock A M., and duly recorded in Vol. M78, of Deeds on Page 25432.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernetha Welsch Deputy