

62410

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. 779 Page

6010

3321

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST ARNOLD		1B. MIDDLE FRANK		1C. LAST SHELTON		2A. DATE OF DEATH (MONTH, DAY, YEAR) April 2, 1978		2B. HOUR 12300			
	3. SEX Male	4. RACE White		5. ETHNICITY		6. DATE OF BIRTH April 18, 1918		7. AGE 59	IF UNDER 1 YEAR MONTHS 59	IF UNDER 24 HOURS DAYS 59		
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Missouri		9. NAME AND BIRTHPLACE OF FATHER Charley Shelton - Texas				10. BIRTH NAME AND BIRTHPLACE OF MOTHER Lenora Readshaw - Unknown					
	11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 500-01-7702		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Nina O. Lutz					
	15. PRIMARY OCCUPATION Auto Mechanic		16. NUMBER OF YEARS THIS OCCUPATION 25		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Connell Oldsmobile		18. KIND OF INDUSTRY OR BUSINESS Auto					
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1884 Florida St.					19B.		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Nina O. Shelton				
	19C. CITY OR TOWN Hayward		19D. COUNTY Alameda		19E. STATE Calif.		Same as 19 A					
PLACE OF DEATH	21A. PLACE OF DEATH St. Rose Hospital					21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 27200 Calaroga Ave.						
	21C. CITY OR TOWN Hayward					21D. COUNTY Alameda						
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C). Pneumonia left lower lobe. 5 days											
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. Cont. left ventricular failure 5 days											
	App. Insur. & arteriosclerotic heart dis. 4 yrs											
	23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH											
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.) 2-25-76 I LAST SAW DECEDENT ALIVE: (ENTER MO. DA. YR.) 4-2-78					28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Donald L. Parker M.D.		28C. DATE SIGNED 4/4/78		28D. PHYSICIAN'S LICENSE NUMBER C14098		
	28E. TYPE PHYSICIAN'S NAME AND ADDRESS Donald L. Parker 27212 Calaroga, Hayward CA.					27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DONE		24. WAS DEATH REPORTED TO CORONER? NO		25. WAS BIOPSY PERFORMED? NO		
INJURY INFORMATION	29. SPECIFY ACCIDENT, SUICIDE, ETC.					30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		
	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-INVIGATION)					35B. CORONER—SIGNATURE AND DEGREE OR TITLE					35C. DATE SIGNED	
	36. DISPOSITION Burial					37. DATE—MONTH, DAY, YEAR 4-6-1978		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Hayward, Ca. Chapel of the Chimes 32992 Mission Blvd.		39. FMBALMER'S LICENSE NUMBER 6841		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Chapel of the Chimes Hayward					41. LOCAL REGISTRAR—SIGNATURE [Signature]					42. DATE ACCEPTED BY LOCAL REGISTRAR APR - 5 1978	
	STATE REGISTRAR											

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY [Signature] DEPUTYDATE APR 6 - 1978

Return to
Blasius, Fisher & Porter
Hayward Air Plaza, Suite 250
22693 Hesperian Blvd
Hayward, Ca 94541

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 12th day of February A.D., 19 79 at 10:30 o'clock A M., and duly recorded in Vol. M79, of Deeds on Page 3321.

FEE \$3.00

WM. D. MILNE, County Clerk

By [Signature] Deputy

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