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38-17984-D

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

4300- 02838

1. STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: SAMUEL
1B. MIDDLE: WESLEY
1C. LAST: VANCIL
2A. DATE OF DEATH (MONTH, DAY, YEAR): May 4, 1979
2B. HOUR: 1455
3. SEX: Male
4. RACE: White
5. ETHNICITY: - - - - -
6. DATE OF BIRTH: December 1, 1912
7. AGE: 66 YEARS (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: HOURS, MINUTES)
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Oregon
9. NAME AND BIRTHPLACE OF FATHER: William N. Vancil - No Record
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Rosa Gibson - No Record
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 541-16-5444
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Margaret C. (Berntson)
15. PRIMARY OCCUPATION: Machinery Operator
16. NUMBER OF YEARS THIS OCCUPATION: 40
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Weyerhaeuser, Inc.
18. KIND OF INDUSTRY OR BUSINESS: Paper Mfg.
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): P.O. Box 41
19B.
19C. CITY OR TOWN: Seneca
19D. COUNTY: Grant
19E. STATE: Oregon
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Eldon D. Barrow (Son-In-Law)
790 Alkire Ave.
Morgan Hill, California 95037
21A. PLACE OF DEATH: Good Samaritan Hospital
21B. COUNTY: Santa Clara
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2425 Samaritan Dr.
21D. CITY OR TOWN: San Jose

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

IMMEDIATE CAUSE — CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

(A) respiratory failure — 12 hrs.
DUE TO, OR AS A CONSEQUENCE OF
(B) brain stem herniation — 48 hrs.
DUE TO, OR AS A CONSEQUENCE OF
(C) adenocarcinoma, cerebellar — 6 mos.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER?
25. WAS BIOPSY PERFORMED? yes
26. WAS AUTOPSY PERFORMED? no

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: chronic obstructive pulmonary disease
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Craniotomy DATE: Jan. 19, 1979

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.): 12/26/78
I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.): 5/4/79
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: R.W. Donovan M.D.
28C. DATE SIGNED: 5/5/79
28D. PHYSICIAN'S LICENSE NUMBER: G19362
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Raymond W. Donovan - 16573 Los Gatos - Almaden Rd., Los Gatos

29. SPECIFIC 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)

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: Removal Burial
37. DATE—MONTH, DAY, YEAR: May 8, 1979
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Canyon City Cemetery - Canyon City, Oregon
39. UNDERTAKER'S LICENSE NUMBER AND SIGNATURE: Brian D. McLa 5260
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Campbell Memorial Chapel
41. LOCAL REGISTRAR—TITLE: B. Giansiracusa M.D.
42. DATE ACCEPTED BY LOCAL REGISTRAR: MAY 8 1979

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE
BY: Esther Vara DEPUTY REGISTRAR OF VITAL STATISTICS
BERNICE GIANSIRACUSA, M.D. SANTA CLARA COUNTY HEALTH DEPARTMENT
LOCAL REGISTRAR OF VITAL STATISTICS SAN JOSE, CALIFORNIA
June 7, 1979
CERTIFICATION FEE: $3.00

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 2nd day of July A.D., 19 79 at 3:50 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 15666.

FEE $3.00

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