70883

CERTIFICATE OF DEATH

Vol. M79 Page 17107

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

STATE FILE NUMBER 0700 82520

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST	1b. MIDDLE	1c. LAST
Bernett	Hilmer	RAKSTAD

2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
August 20, 1977	7:25 P.M.

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	Minnesota	July 2, 1908	69 YEARS		

8. NAME AND BIRTHPLACE OF FATHER: Peter Rakstad - Norway

9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Mary Lyson - No record

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)
USA	472-28-7875	Married	Edna Shylstad

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Carpenter	30	Osmundsen Construction Co.	Construction

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)
Mt. Diablo Medical Center	2540 East Street	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Concord	Contra Costa	30 YEARS	30 YEAR

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
1959 North Sixth Street	Yes	Edna A. Rakstad - wife 1959 North Sixth Street Concord, CA 94519

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Concord	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 ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.	21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)	21c. PHYSICIAN'S SIGNATURE: Harry D. Ramsay, Sheriff-Coroner by:	DATE SIGNED
Investigation (INVESTIGATION OR INQUEST)			8-22-77

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
Burial	8/24/1977	Memory Gardens Cemetery Concord, California	Gary D. Bruce -6649

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 FOR REGISTRATION BY LOCAL REGISTRAR
Bryant & Lough Chapel Concord, California		Wilson H. Wood, M.D.	AUG 25 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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) OCCLUSIVE CORONARY ARTERIOSCLEROSIS	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.	DUE TO, OR AS A CONSEQUENCE OF (B)	
	DUE TO, OR AS A CONSEQUENCE OF (C)	

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

INJURY INFORMATION

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

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)	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.

VS 11 (6/73)

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: Wilson H. Wood, M.D.

OFFICIAL TITLE: Local Registrar

PLACE OF CERTIFICATION: Contra Costa County Health Department, Martinez, California

DATE OF CERTIFICATION: AUG 25 1977

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

Return to
Edna Rakstad - 100 Boyd Rd #123 - Pleasant Hill, Ca 94523

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 19th day of July A.D., 19 79 at 11:37 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 17107.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha Aldrich Deputy