72250

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 6010 2084 (LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER)

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
ARNOLD	FRANK	SHELTON

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	2A. DATE OF DEATH—MONTH, DAY, YEAR	2B. HOUR
Male	White		April 18, 1918	April 2, 1978	2300

7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
59 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Missouri	Charley Shelton - Texas	Lenora Readshaw - Unknown

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.	500-01-7702	Married	Nina O. Lutz X

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Auto Mechanic	25	Connell Oldsmobile	Auto

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
1884 Florida St.		Nina O. Shelton X

19C. CITY OR TOWN	19D. COUNTY	19E. STATE	
Hayward	Alameda	Calif.	Same as 19 A

PLACE OF DEATH

21A. PLACE OF DEATH	21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION)
St. Rose Hospital	27200 Calaroga Ave.

21C. CITY OR TOWN	21D. COUNTY
Hayward	Alameda

CAUSE OF DEATH

22. 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, STATING THE UNDERLYING CAUSE LAST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pneumonia Left Lower Lobe	5 days
DUE TO, OR AS A CONSEQUENCE OF	(B) Acute Left Ventricular Failure	5 days
DUE TO, OR AS A CONSEQUENCE OF	(C) Hypertensive Arteriosclerotic Heart dis	Years

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION: NONE 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
2-25-76	4-2-78	Donald L. Parker MD	4/4/78	C14095

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: DONALD L. PARKER 27212 CALAROGA AV. HAYWARD 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

FUNERAL DIRECTOR AND LOCAL REGISTRAR

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER
Burial	4-6-1978	Chapel of the Chimes 32992 Mission Blvd. Hayward, Ca.	6841

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Chapel of the Chimes Hayward		APR - 5 1978

STATE REGISTRAR

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

VS-11 REV. 2-78

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

CERTIFICATION
FEE PAID $3.00
RECEIPT # 425779

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

BY G. Haines DEPUTY

DATE NOV 28 1978

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 August A.D., 19 79 at 1:08 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 19213.

FEE $3.50

WM. D. MILNE, County Clerk

By Pamela J. Hetrick Deputy

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