

77325

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol 179 Page 27528

DECEDENT PERSONAL DATA

STATE FILE NUMBER: 77325

1A. NAME OF DECEDENT—FIRST: Donald 1B. MIDDLE: Neil 1C. LAST: McCrary

3. SEX: Male 4. RACE: Caucasian 5. ETHNICITY: American

6. DATE OF BIRTH: March 8, 1930

7. AGE: 49

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Oregon 9. NAME AND BIRTHPLACE OF FATHER: Ove Eigil William McCrary, Wisconsin

10. CITIZEN OF WHAT COUNTRY: U.S.A. 11. SOCIAL SECURITY NUMBER: 541-28-2784

12. PRIMARY OCCUPATION: executive 13. MARITAL STATUS: Married

14. NUMBER OF YEARS THIS OCCUPATION: 23 15. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Castle & Cooke Inc.

 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER
 2A. DATE OF DEATH (MONTH, DAY, YEAR): May 1, 1979 2B. HOUR: Found 1530

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 570 Merriewood Drive

19B. CITY OR TOWN: Contra Costa 19C. STATE: California

19D. COUNTY: Contra Costa 19E. CITY OR TOWN: Lafayette

10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Irene Gladys Aldersen, Oregon

PLACE OF DEATH

21A. PLACE OF DEATH: At Home

21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 570 Merriewood Drive

21C. CITY OR TOWN: Lafayette

14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Mary Lou Poole

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(A) Probable ventricular fibrillation

(B) Myocardopathy

(C) Coronary artery disease

(D) Hypertension > 17 years

(E) Viral infection

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE: Vincent DiRaimondo MD

18. KIND OF INDUSTRY OR BUSINESS: food processing

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Mary Lou McCrary (wife)

570 Merriewood Drive Lafayette, CA 94549

24. WAS DEATH REPORTED TO CORONER? Yes

25. WAS DISPOST PERFORMED? No

26. WAS AUTOPSY PERFORMED? No

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? None

28. DATE SIGNED: May 2, 1979

29. PHYSICIAN'S LICENSE NUMBER: G 3161

30. PHYSICIAN'S NAME AND ADDRESS: Vincent DiRaimondo, MD Franch Hospital Medical Center, San Francisco

31. INJURY AT WORK: No

32. DATE OF INJURY—MONTH, DAY, YEAR: May 2, 1979

33. HOUR: 3:05

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

35. CORONER—SIGNATURE AND DEGREE OR TITLE: Not embalmed

36. DATE: 5/3/79

37. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Oakmont Memorial Park and Mortuary, Lafayette, California

38. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: A. B. C.

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not embalmed

40. DATE ACCEPTED BY LOCAL REGISTRAR: MAY 3 1979

41. LOCAL REGISTRAR'S SIGNATURE: Wm. D. Milne

42. DATE OF CERTIFICATION: MAY 7 1979

43. I hereby 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: Wm. D. Milne

Place of Certification: Contra Costa County Health Department, Martinez, California

State of California, Department of Public Health Bureau of Vital Statistics

STATE OF OREGON, COUNTY OF KLAMATH, ss.

I hereby certify that the within instrument was received and filed for record on the 27th day of November A.D., 1979 at 3:05 o'clock P.M., and duly recorded in Vol. 179 of Deeds on Page 27528.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernetha J. Felsch Deputy