

88849

CERTIFICATE OF DEATH Vol. 1780 Page 16089-6113

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

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEASED—FIRST NAME JEANETTE		1B. MIDDLE NAME NMN		1C. LAST NAME THOMAS		2A. DATE OF DEATH—MONTH, DAY, YEAR OCTOBER 10, 1976		2B. HOUR 9:40 P	
3. SEX FEMALE	4. COLOR OR RACE CAUC	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WASHINGTON		6. DATE OF BIRTH OCTOBER 3, 1920		7. AGE (LAST BIRTHDAY) 56		IF UNDER 1 YEAR IF UNDER 24 HOURS IF UNDER 48 HOURS	
8. NAME AND BIRTHPLACE OF FATHER JOHN B. HERDER RUSSIA				9. MAIDEN NAME AND BIRTHPLACE OF MOTHER ANNA LILLIAN SIEFFRIED OKLAHOMA					
10. CITIZEN OF WHAT COUNTRY USA		11. SOCIAL SECURITY NUMBER 446-26-5176		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Homer Thomas			
14. LAST OCCUPATION HOUSEWIFE		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 ---			

18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY NAVAL REGIONAL MEDICAL CENTER		18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) 8750 MOUNTAIN BLVD		18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) YES	
18D. CITY OR TOWN OAKLAND		18E. COUNTY ALAMEDA		18F. LENGTH OF STAY IN COUNTY OF DEATH 30 YEARS	
18G. LENGTH OF STAY IN CALIFORNIA 30 YEARS					

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 13416 DOOLITTLE DR.		19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) YES		20. NAME AND MAILING ADDRESS OF INFORMANT HOMER THOMAS	
19C. CITY OR TOWN SAN LEANDRO		19D. COUNTY ALAMEDA		19E. STATE CALIFORNIA	
19F. LENGTH OF STAY IN COUNTY OF DEATH 30 YEARS		19G. LENGTH OF STAY IN CALIFORNIA 30 YEARS		20. NAME AND MAILING ADDRESS OF INFORMANT 13416 DOOLITTLE DR. SAN LEANDRO, CA 94577	

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. (INVESTIGATION OR INQUEST) Burial		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 (ENTER MONTH, DAY, YEAR) 10/10/76 10/10/76 10/10/76		21C. PHYSICIAN OR CORONER—SIGNATURE AND SURETY OR TITLE A. Kean Day Jr		21D. DATE SIGNED 10/11/76	
21E. ADDRESS NAVAL REGIONAL MEDICAL CENTER, OAKLAND		21F. PHYSICIAN'S CALIFORNIA LICENSE NUMBER 4126		21G. SIGNATURE OF EMBALMER Daniel D. Seward		21H. EMBALMER'S CALIFORNIA LICENSE NUMBER 4126	

22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial		22B. DATE 10-13-1976		23. NAME OF CEMETERY OR CREMATORY Mt. Eden Cemetery		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER Daniel D. Seward 4126	
25. NAME OF OFFICE OR PLACE WHERE DEATH REPORTED TO CORONER Santos-Robinson Mortuary		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) NO		27. LOCAL REGISTRAR—SIGNATURE Stewart Gross		28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR OCT 12 1976	

29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) RESPIRATORY FAILURE DUE TO, OR AS A CONSEQUENCE OF (B) POSSIBLE RUPTURED PULMONIC BLEB DUE TO, OR AS A CONSEQUENCE OF (C) SEVERE CHRONIC LUNG DISEASE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. NO		31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) NO	
32A. AUTOPSY (SPECIFY YES OR NO) YES		32B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO) YES	

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEMAN, HIGHWAY, STREET, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)		36A. DATE OF INJURY—MONTH, DAY, YEAR		36B. HOUR	
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)	

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.

STEWART GROSS, M.D., LOCAL REGISTRAR

Mr. & Mrs. H. Thomas
1175 Grove Street
San Leandro, CA 94578BY: Stewart Gross DEPUTYDATE: OCT 14 1976

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of August A.D., 19 80 at 9:44 o'clock A M., and duly recorded in Vol 1180 of Deeds on Page 16089.

FEE \$3.50

WM. D. MILNE, County Clerk

By: Bernetha H. Hetch Deputy