

89483

8976-2

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

Vol. 78 Page 17176

DECEDENT
PERSONAL
DATA

1A. NAME OF DECEASED—FIRST NAME Gladys		1B. MIDDLE NAME Lou		1C. LAST NAME Arthur		2A. DATE OF DEATH—MONTH, DAY, YEAR 11-16-75		2B. HOUR 5:50 P	
3. SEX Female		4. COLOR OR RACE Caucasian		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Montana		6. DATE OF BIRTH 2-12-31		7. AGE (LAST BIRTHDAY) 44 YEARS	
8. NAME AND BIRTHPLACE OF FATHER Frank Jones/ Illinois				9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Alice Petrie/Mimesota					
10. CITIZEN OF WHAT COUNTRY U.S.A.				11. SOCIAL SECURITY NUMBER 516-32-8889		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Theodore E. Arthur	
14. LAST OCCUPATION Teacher				15. NUMBER OF YEARS IN THIS OCCUPATION 8		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) Fremont Union Sch. District		17. KIND OF INDUSTRY OR BUSINESS Education	

PLACE
OF
DEATH

18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Dominican Santa Cruz Hospital		18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) 1555 Soquel Drive		18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes	
18D. CITY OR TOWN Santa Cruz		18E. COUNTY Santa Cruz		18F. LENGTH OF STAY IN COUNTY OF DEATH 1 YEARS	
18G. CITY OR TOWN Santa Cruz		18H. COUNTY Santa Cruz		18I. LENGTH OF STAY IN CALIFORNIA 20 YEARS	

USUAL
RESIDENCE
(IF DEATH OCCURRED IN
INSTITUTION, ENTER
RESIDENCE BEFORE
ADMISSION)

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 109 Sea Terrace Way		19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes		20. NAME AND MAILING ADDRESS OF INFORMANT Theodore E. Arthur 109 Sea Terrace Way Aptos, Calif. 95003	
19C. CITY OR TOWN Aptos		19D. COUNTY Santa Cruz		19E. STATE 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. ENTER MONTH, DAY, YEAR 6/11/75		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 AND ENTER MONTH, DAY, YEAR 11/16/75		21C. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE Don Hodges MD	
21D. ADDRESS 1700 Mission St. Santa Cruz, CA 95060		21E. ADDRESS 1700 Mission St. Santa Cruz, CA 95060		21F. PHYSICIAN'S CALIFORNIA LICENSE NUMBER 35575	

FUNERAL
DIRECTOR
AND
LOCAL
REGISTRAR

22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial		22B. DATE 11-19-75		23. NAME OF CEMETERY OR CREMATORY Willamette National Cemetery Eugene, Oregon	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) IRVIN M. SMITH & SONS INC.		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) No		27. LOCAL REGISTRAR—SIGNATURE Don Hodges	
28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR NOV 18 1975		29. PART I: DEATH CAUSED BY: IMMEDIATE CAUSE (A) Respiratory Insufficiency DUE TO, OR AS A CONSEQUENCE OF (B) Chronic Obstructive Lung Disease DUE TO, OR AS A CONSEQUENCE OF (C) 3 days			

CAUSE
OF
DEATH

30. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: Cerebral Encephalopathy		31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) No		32A. AUTOPSY No	
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE Accident		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) Home		35. INJURY AT WORK No	
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 109 Sea Terrace Way, Aptos, CA 95003		37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19 0 MILES		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO) No	

INJURY
INFORMATION

39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO) No		36A. DATE OF INJURY—MONTH, DAY, YEAR 11-16-75		36B. HOUR 5:50 P	
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29) Slipped on stairs					

STATE
REGISTRAR

A. _____		B. _____		C. _____		D. _____		E. _____		F. _____	
----------	--	----------	--	----------	--	----------	--	----------	--	----------	--

CERTIFICATION
STATEMENT

This is to certify, that the foregoing is a true and correct copy of statements appearing on the record of death of the above named decedent as filed in this office.

SIGNATURE OF CERTIFYING OFFICIAL

B. McQuire
Santa Cruz County Health Services Agency, Santa Cruz, Calif.

OFFICIAL TITLE

Deputy Registrar of Vital Statistics

DATE OF CERTIFICATION

NOV 18 1975

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

SPO

AFTER RECORDING RETURN TO:
T. E. ARTHUR
13460 B. Watsonville Road
Morgan Hill, Calif. 95037

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 11th day of September A.D., 19 80 at 10:11 o'clock A M., and duly recorded in Vol. M30 of Deeds on Page 17176.

FEE \$3.50

WM. D. MILNE, County Clerk
By Bernetha A. Hetsch Deputy

(REV. 1-1-58)
FORM R & S-196