

6330

TA-M-1473 CERTIFICATE OF DEATH STATE OF CALIFORNIA

Vol. 1781 Page 19582
 0700

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST Florence		1B. MIDDLE (nmn)		1C. LAST Himes		2A. DATE OF DEATH (MONTH, DAY, YEAR) June '28, 1979		2B. HOUR 0830	
3. SEX Female	4. RACE White	5. ETHNICITY ----		6. DATE OF BIRTH April 7, 1896		7. AGE 83		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Iowa		9. NAME AND BIRTHPLACE OF FATHER Lee Grant-Iowa				10. BIRTH NAME AND BIRTHPLACE OF MOTHER May Eaton-Iowa			
11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER 572 16 2586		13. MARITAL STATUS Widowed		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) -----			
15. PRIMARY OCCUPATION Waitress		16. NUMBER OF YEARS THIS OCCUPATION 25		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Crystal Springs Nursing Home		18. KIND OF INDUSTRY OR BUSINESS Nursing home			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 3301 Buchanan Road, Space 105						19B. CITY OR TOWN Antioch		19C. STATE California	
21A. PLACE OF DEATH Driftwood Convalescent Hospital						20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Irene Rowley-daughter 3301 Buchanan Road, Sp. 105 Antioch, CA 94509			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4001 Lone Tree Way						21D. CITY OR TOWN Antioch			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Cardio-Respiratory failure 1d. DUE TO, OR AS A CONSEQUENCE OF (B) Massive CVA 8d. DUE TO, OR AS A CONSEQUENCE OF (C) Advanced generalized ASCVD syn. 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH 24. WAS DEATH REPORTED TO CORONER? no 25. WAS BIOPSY PERFORMED? no 26. WAS AUTOPSY PERFORMED? no 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? no TYPE OF OPERATION 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR.) 1971 6/28/79 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Charles E. Duffy, M.D. 28C. DATE SIGNED 6/28/79 28D. PHYSICIAN'S LICENSE NUMBER A15952 28E. TYPE PHYSICIAN'S NAME AND ADDRESS Chas. E. Duffy, M.D. 3911 Lone Tree Way Antioch, CA 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) 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									
36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR July 3, 1979		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Golden Gate National Cemetery, San Bruno, CA		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE CA 5703 Frank J. Holstrom		42. DATE ACCEPTED BY LOCAL REGISTRAR JUL - 3 1979	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Higgins Funeral Home, Inc.		41. LOCAL REGISTRAR—SIGNATURE Edgar H. Wood, M.D.		43. LOCAL REGISTRAR—NAME AND ADDRESS Edgar H. Wood, M.D.		44. LOCAL REGISTRAR—DATE JUL - 3 1979		45. LOCAL REGISTRAR—SIGNATURE Edgar H. Wood, M.D.	

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

Official Title

Place of Certification

Contra Costa County Health Department
 Martinez, California

Local Registrar

Date of Certification

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

JUL - 3 1979

Return to:

Irene J. Rowley
 3301 Buchanan # 105
 Antioch, Calif 94509

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of

this 10th day of November A.D. 19 81 at 10:43 clock A.M., and

duly recorded in Vol. M81, of Deeds on Page 19582

EVELYN BIEHN, County Clerk

By Bernard A. Letoch

Fee \$4.00