1392

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

1008 2041
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: LEO
1B. MIDDLE: ROY
1C. LAST: MOULTON
2A. DATE OF DEATH (MONTH, DAY, YEAR): June 18, 1981
2B. HOUR: 1205
3. SEX: Male
4. RACE: Cauc.
5. ETHNICITY: American
6. DATE OF BIRTH: May 11, 1918
7. AGE: 62 YEARS; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Minnesota
9. NAME AND BIRTHPLACE OF FATHER: John Moulton - N.Y.
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Anna Ross - Minnesota
11. CITIZEN OF WHAT COUNTRY: USA
12. SOCIAL SECURITY NUMBER: 468-18-0902
13. MARITAL STATUS: Never Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): ---
15. PRIMARY OCCUPATION: Office Manager
16. NUMBER OF YEARS THIS OCCUPATION: 25
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Westinghouse Electric
18. KIND OF INDUSTRY OR BUSINESS: Mfg. Co.
19B. [illegible] 00-43.00
19C. CITY OR TOWN: Fresno

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 6080 N. Marks, No. 108
19D. COUNTY: Fresno
19E. STATE: CA
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Violet Carlstrom - Sister
1836 E. Clay
Fresno, CA 93701

PLACE OF DEATH

21A. PLACE OF DEATH: St. Agnes Hospital
21B. COUNTY: Fresno
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1303 East Herndon
21D. CITY OR TOWN: Fresno

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST
(A) Respiratory Failure (Acute) — DUE TO, OR AS A CONSEQUENCE OF — 3-4 days — APPROX. INTERVAL BETWEEN ONSET AND DEATH
(B) Acute Myocardial Infarction — DUE TO, OR AS A CONSEQUENCE OF — 24 hrs
(C) Progressive Pulmonary Fibrosis — 10-12 yrs
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Chronic Congestive Failure
24. WAS DEATH REPORTED TO CORONER? NO
25. WAS BIOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? YES
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No — 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 NO. DA. YR.): 8/22/80
I LAST SAW DECEDENT ALIVE (ENTER NO. DA. YR.): 6/17/81
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Michael F. Escobar M.D.
28C. DATE SIGNED: 6/19/81
28D. PHYSICIAN'S LICENSE NUMBER: G-15338
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Michael F. Escobar, M.D. 5550 N. Palm #101 Fresno, 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 OCURRED 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
35D. CASE NUMBER AND SIGNATURE

36. DISPOSITION: EMATION
37. DATE—MONTH, DAY, YEAR: 6/19/81
38. PLACE OF DISPOSITION (CITY AND STATE): Scattering of remains over High Sierra Mts. BELMONT MEMORIAL PARK, FRESNO, CA
39. NONE
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): EMATION BURIAL PLAN OF CA.
41. LOCAL REGISTRAR—SIGNATURE: Ralph A Willard MD
42. DATE ACCEPTED BY LOCAL REGISTRAR: JUN 19 1981

STATE REGISTRAR

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

VS-11 (10-78)

JUL 07 1981

CERTIFICATION NUMBER 82-68552-1
STATE OF CALIFORNIA - COUNTY OF FRESNO
THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF
THIS DOCUMENT FILED AND / OR RECORDED IN THIS OFFICE
ISSUED BY AUTHORITY OF SECTION 10575 OF CALIFORNIA HEALTH AND SAFETY CODE
NOT A CERTIFIED (LEGAL) COPY WITHOUT A RAISED SEAL
AND THE DEPUTY'S INITIALS IN RED INK

DATE 7/22/81 Ralph A Willard MD By: [illegible] LOCAL REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the 3 day of Feb. A.D., 1982 at 2:16 o'clock P M., and duly recorded in Vol M 82, of Deeds on page 1391.

EVELYN BIEHN
COUNTY CLERK
By [illegible] deputy

Fee $8.00