10837

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. MV Page 4578

4100 S2701121

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
Myrtle	D.	Moschkau

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Female	White	American	Sept. 5, 1910	March 30,1982	0800

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	7. AGE	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HOURS HOURS	IF UNDER 24 HOURS MINUTES
Iowa	George DeVoe Iowa	71 YEARS				

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
U.S.A.	479-16-4831	Divorced	Carolyn Hellman Ill.

15. PRIMARY OCCUPATION	15. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
Homemaker	years	Self	-----

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	18. KIND OF INDUSTRY OR BUSINESS
1519 Lorraine Ave.	606100	At home

19D. COUNTY	19E. STATE	19C. CITY OR TOWN
San Mateo	California	San Mateo

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
--	San Mateo	Mrs. Jane L. Moschkau (Daughter)
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	Same as #19 a,c&e 94401
1519 Lorraine	San Mateo - 94401	

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

IMMEDIATE CAUSE (A) ACUTE MYOCARDIAL INFARCTION — 15 MIN

DUE TO, OR AS A CONSEQUENCE OF (B) ARTERIOSCLEROTIC HEART DISEASE — 10 YRS

DUE TO, OR AS A CONSEQUENCE OF (C) DIABETES MELLITUS — 20 YRS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: CHRONIC RENAL DISEASE / CONGESTIVE HEART FAILURE

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: NO DATE

24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
NO	NO	NO

PHYSICIAN'S CERTIFICATION

29A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Joseph V. Cook M.D.

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28E. TYPE PHYSICIAN'S NAME AND ADDRESS	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
JULY 5, 1947	MARCH 26, 82	Joseph V. Cook, M.D., #1 Baywood Ave., San Mateo	3/30/82	A 021913

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 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	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER—LICENSE NUMBER AND SIGNATURE
Burial	Apr. 2,1982	Skylawn Memorial Park, San Mateo, Calif.	6923 John C. [illegible]

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Snelder & Sullivan, San Mateo

41. LOCAL REGISTRAR—SIGNATURE: J.M. Bodie, M.D.

42. DATE ACCEPTED BY LOCAL REGISTRAR: MAR 31 1982

STATE REGISTRAR

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

RECEIVED APR 12 1982 3:25 PM

SAN MATEO COUNTY
DEPARTMENT OF PUBLIC HEALTH AND WELFARE
225 - 37TH. AVENUE
SAN MATEO, CALIFORNIA
THIS IS TO CERTIFY THAT, IF BEARING THE DEPARTMENT SEAL,
THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

J.M. Bodie, M.D.
J.M. BODIE, M.D.
HEALTH OFFICER AND LOCAL REGISTRAR

DATE: March 31, 1982

STATE OF OREGON: COUNTY OF KLAMATH ;ss
I hereby certify that the within instrument was received and filed for record on the 13 day of April A.D., 19 82 at 3:25 o'clock P M and duly recorded in Vol M 82, of Deeds on page 4578

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK
by Joyce McClure Deputy