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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
		Kenneth		LEE		Phillips		July 30, 1982		0032	
3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH		7. AGE		IF UNDER 1 YEAR	
male		white		American		March 9, 1924		58 YEARS		MONTHS DAYS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
Oklahoma		Wesley E. Phillips / Arkansas		Velma Thomas / Oklahoma		U.S.A.		448 09 3516		Married	
15. OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		19. KIND OF INDUSTRY OR BUSINESS		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Foreman (Construction)		23		Flatland Co.		Colleen Hyder		Underground construction		Colma	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN		19C. STATE		21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OR TOWN	
1016 Washington Street		601200		California		Marv's Help Hospital		San Mateo		Daly City	
19D. COUNTY		22. DEATH WAS CAUSED BY:		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?	
San Mateo		(A) Acute myocardial infarct				yes		no		yes	
21A. PLACE OF DEATH		(B) Coronary occlusive disease with thrombosis				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		DATE	
Marv's Help Hospital		(C)				no		no		DATE	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER			
1900 Sullivan Ave		I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)		28E. TYPE PHYSICIAN'S NAME AND ADDRESS		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
22. DEATH WAS CAUSED BY:		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
(A) Acute myocardial infarct								By: <i>[Signature]</i> Coroner		8-4-82	
(B) Coronary occlusive disease with thrombosis		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		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)		36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATOR	
(C)		Investigation		Golden Gate Nat'l.		Burial		Aug. 2, 1982		San Bruno, Ca.	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. DATE RECEIVED BY LOCAL REGISTRAR		44. DATE RECEIVED BY LOCAL REGISTRAR	
		W.C. Lasswell & Co/Daly City, Ca.		Jr. Bodie, M.D.		8-2-82/8-5-82		8-2-82/8-5-82		8-2-82/8-5-82	

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: February 7, 1983

O'BRIEN AND HALLISEY
A Professional Corporation
Twenty-fifth Floor
One California Street
San Francisco, CA 94111

STATE OF OREGON: COUNTY OF KLAMATH :ss
I hereby certify that the within instrument was received and filed for
record on the 14th day of March A.D., 1983 at 9:08 o'clock A.M.
and duly recorded in Vol M83, of Deeds on page 3758.

EVELYN BIEHN COUNTY CLERK
by *[Signature]* Deputy

Fee \$ 4.00