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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Edna
1B. MIDDLE: H.
1C. LAST: Youse
2A. DATE OF DEATH (MONTH, DAY, YEAR): 7-4-79
2B. HOUR: 1408
3. SEX: Female
4. RACE: White
5. ETHNICITY: American
6. DATE OF BIRTH: 10-23-06
7. AGE: 72 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): California
9. NAME AND BIRTHPLACE OF FATHER: Henry Stenzel California
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Hattie Kuerzel California
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 552-05-8785 B
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Gordon Youse
15. PRIMARY OCCUPATION: At Home
16. NUMBER OF YEARS THIS OCCUPATION: ---------
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): ----------------------
18. KIND OF INDUSTRY OR BUSINESS: ----------------------

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 901 Glen Drive
19B.
19C. CITY OR TOWN: San Leandro
19D. COUNTY: Alameda
19E. STATE: California
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Gordon Youse (Husband) 901 Glen Drive San Leandro, Ca. 94577

PLACE OF DEATH

21A. PLACE OF DEATH: Doctors Hospital
21B. COUNTY: Alameda
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 13845 East 14th Street
21D. CITY OR TOWN: San Leandro

CAUSE OF DEATH

22. ~~DEATH WAS CAUSED BY:~~ (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A)
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF
(B) Cardiac failure hypertensive and
DUE TO, OR AS A CONSEQUENCE OF ~~XXXXXXXXXXXXXXX~~
(C) arteriosclerotic heart disease
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. WAS DEATH REPORTED TO CORONER?
25. WAS BIOPSY PERFORMED? yes
26. WAS AUTOPSY PERFORMED? no
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION / DATE: no

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 MO. DA. YR.) / I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE
28C. DATE SIGNED
28D. PHYSICIAN'S LICENSE NUMBER
28E. TYPE PHYSICIAN'S NAME AND ADDRESS

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) Investigation
35B. CORONER—SIGNATURE AND DEGREE OR TITLE
35C. DATE SIGNED

400a

36. DISPOSITION: Burial
37. DATE—MONTH, DAY, YEAR: 7-9-79
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Sunset View Cemetery Berkeley
39. EMBALMER—LICENSE NUMBER AND SIGNATURE: 3926
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Santos-Robinson Mortuary
41. LOCAL REGISTRAR—SIGNATURE: Michael Kiesling Deputy Coroner 7/5/79
42. DATE ACCEPTED BY LOCAL REGISTRAR

STATE REGISTRAR A. B. C. D. E. F.

WALTER E. WAGNER
P.O. BOX 162
BONANZA, OR. 97623

STATE OF OREGON, }
County of Klamath }
Filed for record at request of

on this 10th day of August A.D. 19 83
at 11:32 o'clock A M, and duly
recorded in Vol. M83 of Deeds
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EVELYN BIEHN, County Clerk
By [signature] Deputy

Fee $4.00

Only copy available