Vol. A-365 Page 19408 316

30474

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST: Nicanor | 1b. MIDDLE: R. | 1c. LAST: Moreno, Jr.
2a. DATE OF DEATH—MONTH, DAY, YEAR: February 16, 1976 | 2b. HOUR: 8:10 a. m.
3. SEX: Male | 4. COLOR OR RACE: Caucasian | 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona | 6. DATE OF BIRTH: February 16, 1913 | 7. AGE (LAST BIRTHDAY): 63 YEARS | IF UNDER 1 YEAR: MONTHS DAYS | IF UNDER 24 HOURS: HRS. MINS.
8. NAME AND BIRTHPLACE OF FATHER: Nicanor R. Moreno/ Arizona | 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Maria Rubio/ Mexico
10. CITIZEN OF WHAT COUNTRY: United States | 11. SOCIAL SECURITY NUMBER: 566-05-8613 | 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced | 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): None
14. LAST OCCUPATION: Civil Service | 15. NUMBER OF YEARS IN THIS OCCUPATION: 25 | 16. NAME OF LAST EMPLOYING COMPANY OR FIRM: Port Hueneme CBC | 17. KIND OF INDUSTRY OR BUSINESS: Civil Service

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION: Saint John's Hospital | 18b. STREET ADDRESS—STREET AND NUMBER, OR LOCATION: 333 North F Street | 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
18d. CITY OR TOWN: Oxnard | 18e. COUNTY: Ventura | 18f. LENGTH OF STAY IN COUNTY OF DEATH: 46 YEARS | 18g. LENGTH OF STAY IN CA: 46 YEARS
19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 205 South McKinley Street | 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
19c. CITY OR TOWN: Oxnard | 19d. COUNTY: Ventura | 19e. STATE: California
20. NAME AND MAILING ADDRESS OF INFORMANT: Mr. David Moreno (son) 205 South McKinley Street Oxnard, California 93030

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT I HAVE VIEWED THE BODY OF THE DECEASED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I MAKE THIS REPORT AS REQUIRED BY LAW.
21b. PHYSICIAN: I HEREBY CERTIFY THAT I LAST ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW AND THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE. FROM (ENTER MONTH, DAY, YEAR): 3-15-72 | TO (ENTER MONTH, DAY, YEAR): 2-16-76 | AND I LAST SAW THE DECEASED ALIVE ON (MONTH, DAY, YEAR): 2-14-76
21c. SIGNATURE OF PHYSICIAN OR CORONER: Normand L Beaudette M.D. | 21d. DATE SIGNED: 2-17-76
21e. ADDRESS: 1200 N VENTURA RD, OXNARD, CA. | 21f. LICENSE NUMBER: G 11177

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, CREMATION OR ENTOMBMENT: Burial | 22b. DATE: 2/19/76
23. NAME OF CEMETERY OR CREMATORY: Santa Clara Cemetery | 24. EMBALMER—SIGNATURE (IF BODY EMBALMED): William M. Beaudette | LICENSE NUMBER: 5506
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): James A. Reardon Mortuary
26. THIS DEATH WAS REPORTED TO CORONER (SPECIFY YES OR NO): NO
27. LOCAL REGISTRAR—SIGNATURE: Stephen A. Carey M.D. | 28. DATE RECEIVED BY LOCAL REGISTRAR: FEB 17 1976

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

29. PART I. DEATH WAS CAUSED BY:
CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
(A) IMMEDIATE CAUSE: CARDIAC ARRYTHMIA | 6+ YRS
(B) DUE TO OR AS A CONSEQUENCE OF: ATHEROSCLEROTIC HEART DISEASE, SEVERE
(C) DUE TO OR AS A CONSEQUENCE OF:

30 PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: SUB-ACUTE RENAL FAILURE

31. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO): No | 32a. AUTOPSY (YES OR NO): NO | 32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
36a. DATE OF INJURY—MONTH, DAY, YEAR | 36b. HOUR

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE | 34. PLACE OF INJURY (E.G., IN OR ABOUT FARM, FACTORY, STREET, OFFICE BUILDING, ETC.) | 35. INJURY AT WORK (SPECIFY YES OR NO) | 37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19): MILES | 38. WERE LABORATORY TESTS INDICATIVE OF TOXIC CHEMICALS? (SPECIFY YES OR NO) | 39. WERE AUTOPSY TESTS USED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

STATE REGISTRAR

VS 11 (9-73)

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

on this 10th day of Nov. A.D. 19 83
at 11:20 o'clock A M, and duly
recorded in Vol. M83 of Deeds
Page 19408
EVELYN BIEHN, County Clerk
By Lilyn Smith Deputy
Fee 4.00

Return
KCTC

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF VENTURA, HEALTH SERVICES AGENCY, IF IT BEARS THIS SEAL IN RED INK.

FEE
MAR 02 1976 $2.00
DATE

Stephen A. Carey M.D.
Stephen A. Carey, M.D., Health Officer and Registrar