45003 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M85 Page 734

0700 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

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DECEDENT PERSONAL DATA

- 1A. Name of decedent—First: William
- 1B. Middle: Beverly
- 1C. Last: Cox
- 2A. Date of death (month, day, year): April 29,1984
- 2B. Hour: 0036 hrs
- 3. Sex: Male
- 4. Race/Ethnicity: White
- 5. Spanish/Hispanic: No
- 6. Date of birth: March 3, 1918
- 7. Age: 66 years
- 8. Birthplace of decedent (state or foreign country): CA
- 9. Name and birthplace of father: Walter Cox--CA
- 10. Birth name and birthplace of mother: Irene Beckett, MA
- 11. Citizen of what country: USA
- 12. Social Security Number: 557-18-6821
- 13. Marital status: Married
- 14. Name of surviving spouse (if wife, enter birth name): Mary Lou DeJesus Cox
- 15. Primary occupation: Real Estate Broker
- 16. Number of years this occupation: 24 years
- 17. Employer (if self-employed, so state): Self Employed
- 18. Kind of industry or business: Real Estate Sale Wm. B. Cox and Assoc.

USUAL RESIDENCE

- 19A. Usual residence—street address: 18 Terranova Drive
- 19B.
- 19C. City or town: Antioch
- 19D. County: Contra Costa
- 19E. State: California
- 20. Name and address of informant—relationship: Mrs. Mary Lou Cox (Wife), 18 Terranova Drive, Antioch, California 94509

PLACE OF DEATH

- 21A. Place of death: Delta Memorial Hospital
- 21B. County: Contra Costa
- 21C. Street address: 3901 Lone Tree Way
- 21D. City or town: Antioch

CAUSE OF DEATH

- 22. Death was caused by: (Enter only one cause per line for A, B, and C)
  - Immediate cause (A): Carcinoma of (L) Lung — Approximate interval between onset and death: 10 mths
  - Due to, or as a consequence of (B):
  - Due to, or as a consequence of (C):
- 23. Other conditions contributing but not related to the immediate cause of death:
- 24. Was death reported to coroner? NO
- 25. Was biopsy performed? NO
- 26. Was autopsy performed? NO
- 27. Was operation performed for any condition in items 22 or 23? Type of operation: — 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: 4-26-84; I last saw decedent alive: 4-27-84
- 28B. Physician—signature and degree or title: [signature]
- 28C. Date signed: 4-30-84
- 28D. Physician's license number: A 25895
- 28E. Type physician's name and address: Krishna Moorthy, MD, 3700 Sunset Ln, Antioch, CA 94509

INJURY INFORMATION / CORONER'S USE ONLY

- 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):
- 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: Burial
- 37. Date—month, day, year: May 1,1984
- 38. Name and address of cemetery or crematory: Holy Cross Cemetery, Antioch, Calif.
- 39. Embalmer's license number and signature: 5938 Raymond A. Alonso
- 40A. Name of funeral director (or person acting as such): Higgins Funeral Home, Inc.
- 40B. License no.: 425
- 41. Local registrar—signature: [signature]
- 42. Date accepted by local registrar: MAY - 2 1984

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

VS-11 (6-82)

Certification Statement	This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office.

Signature of Certifying Official — Official Title

[signature] M.D.

Local Registrar

Place of Certification — Date of Certification

Contra Costa County Health Services-
Public Health Division
Martinez, California

MAY - 2 1984

State of California, Health Services-Public Health Div., Bureau of Vital Statistics

WHEN RECORDED MAIL TO:

Mary Lou Cox
18 Terranova Drive
Antioch, California 94509

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 January A.D., 19 85 at 10:03 o'clock A M, and duly recorded in Vol M85, of Deeds on page 734.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: $ 5.00