

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE  
BY: Bernice Giansiracusa  
DEPUTY REGISTRAR OF VITAL STATISTICS  
SANTA CLARA COUNTY HEALTH DEPARTMENT  
SAN JOSE, CALIFORNIA  
December 10, 1984  
CERTIFICATION FEE: \$4.00

46417-85 MAR 1 AM 9 40 CERTIFICATE OF DEATH STATE OF CALIFORNIA				Vol. M85 Page 3068	
STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST <b>LESTER</b>		1B. MIDDLE <b>H.</b>		1C. LAST <b>REEVES</b>	
3. SEX <b>M</b>		4. RACE/ETHNICITY <b>WHITE/AM. INDIAN</b>		5. SPANISH/HISPANIC <b>NO</b>	
6. DATE OF BIRTH <b>JUNE 30, 1908</b>		7. AGE <b>76</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>DECEMBER 8, 1984</b>	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>KANSAS</b>		9. NAME AND BIRTHPLACE OF FATHER <b>WILLIAM F. REEVES/KANSAS</b>		2B. HOUR <b>0825</b>	
11. CITIZEN OF WHAT COUNTRY <b>USA</b>		12. SOCIAL SECURITY NUMBER <b>571 03 3193</b>		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>FREIDA CARPENTER/KANSAS</b>	
15. PRIMARY OCCUPATION <b>CARPENTER</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>35</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>LOLA HAYNES</b>	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>391 MURRAY ST.</b>		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>BROWN &amp; COFFMAN</b>		18. KIND OF INDUSTRY OR BUSINESS <b>CARPENTRY</b>	
19D. COUNTY <b>SANTA CLARA</b>		19E. STATE <b>CALIFORNIA</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>LARRY REEVES/SON 3480 NOTRE DAME DRIVE SANTA CLARA, CA 95051</b>	
21A. PLACE OF DEATH <b>ALEXIAN HOSPITAL</b>		21B. COUNTY <b>SANTA CLARA</b>		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>225 N. JACKSON AVENUE</b>	
21D. CITY OR TOWN <b>SAN JOSE</b>		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) <b>SEPSIS</b> DUE TO, OR AS A CONSEQUENCE OF (B) <b>PNEUMONITIS</b> DUE TO, OR AS A CONSEQUENCE OF (C) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST (D) <b>WICK</b> (E) <b>24</b>		24. WAS DEATH REPORTED TO CORONER? <b>NO</b> 25. WAS BIOPSY PERFORMED? <b>NO</b> 26. WAS AUTOPSY PERFORMED? <b>NO</b>	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <b>RESPIRATORY FAILURE, RUPTURED AORTAL ANEURYSM, A.S.H.D.</b>		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <b>Repair of Ruptured Aneurysm</b> DATE <b>12/12/84</b>		28. DATE SIGNED <b>12/10/84</b>	
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.) <b>11/11/84</b> I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) <b>12/8/84</b>		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <b>Ashraf Noorani</b> MD <b>ASHRAF NOORANI/175 N. JACKSON SUITE 211, SAN JOSE, CA</b>		28C. PHYSICIAN'S LICENSE NUMBER <b>A33148</b>	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. DATE OF INJURY—MONTH, DAY, YEAR	
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 <b>CREMATION</b>		37. DATE—MONTH, DAY, YEAR <b>DECEMBER 11, 1984</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>CEDAR LAWN MEMORIAL PARK/FREMONT</b>	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>LIMA FAMILY/MILPITAS-FREMONT</b>		40B. LICENSE NO. <b>F 1262</b>		41. LOCAL REGISTRAR—SIGNATURE <b>Bernice Giansiracusa</b>	
42. DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 10 1984</b>		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <b>NOT EMBALMED</b>		43. DATE SIGNED <b>DEC 10 1984</b>	

STATE OF OREGON: COUNTY OF KLAMATH:ss  
I hereby certify that the within instrument was received and filed for  
record on the 1st day of March A.D., 1985 at 9:46 o'clock A M,  
and duly recorded in Vol. M85 of Deeds on page 3068

Fee: \$ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Return: Lola M. Reeves 391 Murray St., Milpitas, Calif. 95035