

47373

CERTIFICATE OF DEATH

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4198

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		MANUEL		NATHAN		FRIEND		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR			
		3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/>		6. DATE OF BIRTH		February 10, 1985 1130	
		Male		Cauc.				February 22, 1921		7. AGE 63 YEARS IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES	
DECEDENT PERSONAL DATA		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER							
		IL		Nathan J. Friend - IL							
		11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
		U.S.A.		19 unk TO 19 46		337-14-1061		Married		Nora Wood	
		15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS			
		Rancher		11		Various / self		Farming			
USUAL RESIDENCE		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)						19B.		19C. CITY OR TOWN	
		311 Bruce								Turlock	
		19D. COUNTY									
		Stanislaus						19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
								CA		Nora Friend wife	
PLACE OF DEATH		21A. PLACE OF DEATH						21B. COUNTY		311 Bruce	
		At Home						Stanislaus		Turlock, CA 95380	
		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)						21D. CITY OR TOWN			
		311 Bruce						Turlock			
CAUSE OF DEATH		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)									
		IMMEDIATE CAUSE									
		CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.									
		(A) Squamous cell cancer of lung									
		DUE TO, OR AS A CONSEQUENCE OF									
		(B) Severe emphysema									
		DUE TO, OR AS A CONSEQUENCE OF									
		(C)									
		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A									
		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION									
PHYSICIAN'S CERTIFICATION		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	
		I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)				I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)					
		12-21-84 1-11-85				M. Ben Sadre MD				2/12/85 138740	
		28E. TYPE PHYSICIAN'S NAME AND ADDRESS									
		Mussa Banisadre, M.D.				1800 Coffee Rd., Suite F-33 Modesto, Ca 95355					
INJURY INFORMATION		29. SPECIFY ACCIDENT, SUICIDE, ETC.				30. PLACE OF INJURY				31. INJURY AT WORK	
										32A. DATE OF INJURY—MONTH, DAY, YEAR 32B. HOUR	
CORONER'S USE ONLY		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		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY							
Burial		Feb. 14, 1985		Inglewood Park Cemetery Inglewood CA.							
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY REGISTRAR		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
Whitehurst Norton Chapel		F 504		Kam Kelly MD		FEB 13 1985		6930 Clark Andrews			
STATE REGISTRAR		A.		B.		C.		D.		E.	

I certify this instrument to be a true certified copy of the record in this office.

ATTEST: FEB 13 1985

Kam Kelly MD
LOCAL REGISTRAR OF VITAL STATISTICS
OF STANISLAUS COUNTY, CALIFORNIA

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 21st day of March A.D., 19 85 at 12:25 o'clock P M, and duly recorded in Vol M85, of Deeds on page 4196.

Fee: \$ 13.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deput:

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 2nd day of April A.D., 19 85 at 10:16 o'clock A M, and duly recorded in Vol M85 of Deeds on page 4778

*Re-recorded to separate documents.....

Ret: Joseph H. Calderon

EVELYN BIEHN, COUNTY CLERK

Fee: \$ None

Box 1823
Turlock, Calif.
95381

by: Pam Smith, Deputy