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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: Anthony | 1B. MIDDLE: Francis | 1C. LAST: Mattos

3. SEX: M | 4. RACE/ETHNICITY: Cauc/Port | 5. SPANISH/HISPANIC: NO [X]

6. DATE OF BIRTH: January 11, 1912

2A. DATE OF DEATH (MONTH, DAY, YEAR): January 12, 1985 | 2B. HOUR: 1615

7. AGE: 73 YEARS | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HOURS: HOURS, MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): CA

9. NAME AND BIRTHPLACE OF FATHER: Joseph Mattos/Azore

10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Filmena Bem/CA

11. CITIZEN OF WHAT COUNTRY: USA

12. SOCIAL SECURITY NUMBER: 564-05-7488

13. MARITAL STATUS: Married

14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Frances Dunham

15. PRIMARY OCCUPATION: Inspect. & Packer

16. NUMBER OF YEARS THIS OCCUPATION: 24

17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Owen's Corning Fiberglass

18. KIND OF INDUSTRY OR BUSINESS: Manufacturing

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): P.O. Box 215 | 19B.

19C. CITY OR TOWN: Merrill

19D. COUNTY: Klamath | 19E. STATE: OR

PLACE OF DEATH

21A. PLACE OF DEATH: O'Connor Hospital | 21B. COUNTY: SAnta Clara

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2105 Forest Ave. | 21D. CITY OR TOWN: San Jose

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20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Frances Mattos/Wife, 5328 Gatewood Lane, San Jose, CA 95128

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (A) Acute gastro-intestinal hemorrhage — 18hrs

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. — DUE TO, OR AS A CONSEQUENCE OF: (B) Acute myeloid leukemia — 6weeks

DUE TO, OR AS A CONSEQUENCE OF: (C) —

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: —

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? NO

25. WAS BIOPSY PERFORMED? YES

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 (ENTER MO. DA. YR.): 12-13-84
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 1-12-85

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Martin Rubenstein | 28C. DATE SIGNED: 1-14-85 | 28D. PHYSICIAN'S LICENSE NUMBER: G34432

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Martin Rubenstein, M.D., 2101 Forest Ave., San Jose, CA

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).

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

36. DISPOSITION: Burial | 37. DATE—MONTH, DAY, YEAR: 1/15/85

38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Santa Clara Mission, Santa Clara, CA

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Lima Family Santa Clara | 40B. LICENSE NO.: F-93[illegible]

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Gary Ferrano #638

41. LOCAL REGISTRAR—SIGNATURE: B Giansiracusa C. Bk | 42. DATE ACCEPTED BY LOCAL REGISTRAR: JAN 14 1985

STATE REGISTRAR: A. | B. | C. | a. | b. | E. | F.

VS-11 (7-83) 67604-448 8-83 400M DUP ⊙ OSP

Ref: Frances & Mattos - P.O. Bx 215, Merrill Ore

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THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE

BERNICE GIANSIRACUSA, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS
January 15, 1985
CERTIFICATION FEE: $4.00

BY: [signature]
DEPUTY REGISTRAR OF VITAL STATISTICS
SANTA CLARA COUNTY HEALTH DEPARTMENT
SAN JOSE, CALIFORNIA

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 6th day of May A.D., 1985 at 2:13 o'clock P M, and duly recorded in Vol M85, of Deeds on page 6656.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: [signature], Deputy