50004

ATC 28912

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol M85 Page 9191

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Clarence
1B. MIDDLE: William
1C. LAST: Sobek
3. SEX: Male
4. RACE: Cauc.
5. ETHNICITY: ----------
6. DATE OF BIRTH: July 24, 1910
2A. DATE OF DEATH (MONTH, DAY, YEAR): November 3, 1981
2B. HOUR: 0645
7. AGE: 71 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): WI
9. NAME AND BIRTHPLACE OF FATHER: Charles Sobek-WI
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Mary Michalek-SD
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 504-28-5939
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Johanna Nielsen
15. PRIMARY OCCUPATION: Letter Carrier
16. NUMBER OF YEARS THIS OCCUPATION: 30
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): U.S. Government
18. KIND OF INDUSTRY OR BUSINESS: U. S Postal Service

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 5106 Harlan Dr.
19B.
19C. CITY OR TOWN: Klamath Falls
19D. COUNTY: Klamath
19E. STATE: OR

PLACE OF DEATH

21A. PLACE OF DEATH: Residence
21B. COUNTY: Riverside
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 10160 Trails End
21D. CITY OR TOWN: Riverside

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Johanna Sobek-Wife
10160 Trails End
Riverside, CA 92503

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A) CESSATION OF RESPIRATION — 4 Mo
DUE TO, OR AS A CONSEQUENCE OF
(B) METASTATIC CARCINOMA — 4 Mo
DUE TO, OR AS A CONSEQUENCE OF
(C) ESOPHAGEAL CARCINOMA

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
EMPHYSEMA

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? NO — 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.): 11/2/81. I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 11/2/81
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Willie Citrin MD
28C. DATE SIGNED: 11/3/81
28D. PHYSICIAN'S LICENSE NUMBER: G-33413
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Willie Citrin M.D. 3875 Jackson #17, Riverside, 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 OCURRED 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: Nov. 6, 1981
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Crestlawn Cemetery, Riverside, CA
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 5721 K. C. Bredelis
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Crestlawn Mortuary
41. LOCAL REGISTRAR—SIGNATURE: Allyn G. Bridge MD
42. DATE ACCEPTED BY LOCAL REGISTRAR: NOV 9 1981

STATE REGISTRAR

A.
B.

VS-11 (10-78)

This must be in red to be a "CERTIFIED COPY"

RIVERSIDE COUNTY HEALTH DEPARTMENT CERTIFICATION

Date of Amendments, if any NOV 9 1981

I hereby certify that this is a true copy of a certificat NOV 10 1981
on file in the Riverside County Health Department, if the certification is in red.

Allyn G. Bridge MD

Allyn G. Bridge, M.D., M.P.H.
Director of Health & Local Registrar

DEPARTMENT OF PUBLIC HEALTH ★ REGISTRAR OF VITAL STATISTICS ★ COUNTY OF RIVERSIDE, CAL.

DOH-EVST-004 (Rev. 9/81)

AM 10 58
JUN 8
65

AMENDMENT OF MEDICAL AND HEALTH SECTION DATA

(INSTRUCTIONS ON REVERSE)

STATE CERTIFICATE NUMBER: 9192

[X] DEATH [ ] FETAL DEATH [ ] BIRTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
Clarence	William	Sobek

2. PLACE OF OCCURRENCE—CITY OR COUNTY: Riverside

3. DATE OF EVENT: November 3, 1981

4. DATE ORIGINAL FILED: November 5, 1981

STATEMENT OF AMENDMENTS

5. ITEM NUMBER	6a. INFORMATION EXACTLY AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	6b. INFORMATION AS IT SHOULD BE STATED ON THE ORIGINAL CERTIFICATE.
24	No	Yes

20f2

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

7. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

8a. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER: Kenneth P. Nugent

8b. DATE SIGNED: 11-9-81

9a. NAME OF CERTIFYING PHYSICIAN OR CORONER (PRINT OR TYPE): Ken Nugent

9b. DEGREE OR TITLE: Deputy Coroner

9c. ADDRESS—STREET, CITY, STATE: 4080 LEMON ST. RIVERSIDE CA

REGISTRAR'S OFFICE

10a. OFFICE OF STATE OR LOCAL REGISTRAR: Allyn G. Bridge, M.D. (This must be in red to be a "CERTIFIED COPY")

10b. DATE ACCEPTED: NOV 9 1981

STATE OF CALIFORNIA. DEPARTMENT OF PUBLIC HEALTH. BUREAU OF VITAL STATISTICS (REV. 1-1-69) FORM VS-24A

RIVERSIDE COUNTY HEALTH DEPARTMENT CERTIFICATION

Date of Amendments, if any NOV 9 1981

I hereby certify that this is a true copy of a certificat NOV 10 1981

on file in the Riverside County Health Department, if the certification is in red.

Return To:
Vernyle M. Meyst
6725 Cottage Ave
City, 97603

Allyn G. Bridge, M.D., M.P.H.
Director of Health & Local Registrar

DEPARTMENT OF PUBLIC HEALTH ★ REGISTRAR OF VITAL STATISTICS ★ COUNTY OF RIVERSIDE, CAL.

DOH-EVST-004 (Rev. 9/81)

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 18th day of June A.D., 1985 at 10:58 o'clock A M, and duly recorded in Vol M85, of Deeds on page 9191.

Fee: $ 9.00

EVELYN BIEHN, COUNTY CLERK
by: _____, Deputy