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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

0700 M85 Page 9715

STATE FILE NUMBER: 50320

MTC-14995

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
FERN	EMILY	MALROY	September 6, 1982	1125

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Female	White	American	March 28, 1922	60 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Hemingford, Neb.	William J. Enyeart - Missouri	Lena Homrighausen - Neb.

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U. S. A.	557-24-5505	Married	Vance Alvin Malroy

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Professional Waitress	40		Restaurant

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
13900 San Pablo Avenue, #10		San Pablo

19D. COUNTY	19E. STATE
Contra Costa	California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Greenvale Convalescent Hospital	Contra Costa
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
2140 Vale Road	San Pablo

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Mr. Vance A. Malroy (Husband)
13900 San Pablo Ave. #10
San Pablo, California 94806

CAUSE OF DEATH

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

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

IMMEDIATE CAUSE (A) Cardiac Arrest — 20'

DUE TO, OR AS A CONSEQUENCE OF (B) Chronic Obstructive Lung Disease — many years

DUE TO, OR AS A CONSEQUENCE OF (C) Grand Mal Seizure

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? NO

25. WAS BIOPSY PERFORMED? NO

26. WAS AUTOPSY PERFORMED? NO

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: None

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: None — 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.): 9-10-79
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 9-6-82

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: H. J. Hsu, M.D

28C. DATE SIGNED: 9-7-82

28D. PHYSICIAN'S LICENSE NUMBER: A32019

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: H.J. Hsu MD 3980 SAN PABLO Dam Road 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	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	Sept. 9, 1982	Rolling Hills Memorial Park, Richmond, CA	7328 Elizabeth Schneid

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Wilson & Kratzer - Richmond 195	Katherine Enhart MD LS	9/8/82

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

VS-11 (10-78)

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: Katherine Enhart MD LS

Official Title: Local Registrar

Place of Certification: Contra Costa County Health Dept. Martinez, California

Date of Certification: SEP 10 1982

State of California, Department of Public Health, Bureau of Vital Statistics

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STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 26th day of June A.D., 19 85 at 8:37 o'clock A M, and duly recorded in Vol M85, of Deeds on page 9715.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: $ 5.00 Return: MTC