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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M85 Page 20036

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER
0700

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: MILDRED
1B. MIDDLE: ALICE
1C. LAST: SPENCER
2A. DATE OF DEATH (MONTH, DAY, YEAR): December 28,1978
2B. HOUR: 2304
3. SEX: female
4. RACE: white
5. ETHNICITY: American
6. DATE OF BIRTH: July 17,1902
7. AGE: 76 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Missouri
9. NAME AND BIRTHPLACE OF FATHER: Grant Fisher - Missouri
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: unk.Chamberlain - unkn.
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 519-12-6522
13. MARITAL STATUS: married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Cecil R. Spencer
15. PRIMARY OCCUPATION: teacher
16. NUMBER OF YEARS THIS OCCUPATION: 6
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): unknown
18. KIND OF INDUSTRY OR BUSINESS: education

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2767 Richard Ave.
19B.
19C. CITY OR TOWN: Concord
19D. COUNTY: Contra Costa
19E. STATE: California

PLACE OF DEATH

21A. PLACE OF DEATH: Mt. Diablo Hospital
21B. COUNTY: Contra Costa
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2540 East Street
21D. CITY OR TOWN: Concord

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Robert C. Spencer (son)
4783 McHenry Gateway
Pleasanton, Ca. 94566

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A) ADVANCED ARTERIOSCLEROTIC CORONARY HEART DISEASE
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF (B)
DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

24. WAS DEATH REPORTED TO CORONER? Yes
25. WAS BIOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? Yes

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.)
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION
28E. TYPE PHYSICIAN'S NAME AND ADDRESS
28C. DATE SIGNED
28D. PHYSICIAN'S LICENSE NUMBER

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.
30. PLACE OF INJURY
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
31. INJURY AT WORK
32A. DATE OF INJURY—MONTH, DAY, YEAR
32B. HOUR
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: Richard K. Rainey, Sheriff-Coroner
by: S. M. Sanders
35C. DATE SIGNED: 1/2/79

36. DISPOSITION: burial
37. DATE—MONTH, DAY, YEAR: 1/2/79
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Oakmont Memorial Park,Lafayette,Ca.
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: James E. Cole 6636
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Oakmont Memorial Park & Mortuary,Lafayette, Ca.
41. LOCAL REGISTRAR SIGNATURE: Olga H. Wood, M.D.
42. DATE ACCEPTED BY LOCAL REGISTRAR: JAN - 5 1979

STATE REGISTRAR VS-11 (5-78)
A.
B.
C.
D.
E.
F.

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: Olga H. Wood, M.D.
Official Title: Local Registrar
Place of Certification: Contra Costa County Health Department, Martinez, California
Date of Certification: JAN - 5 1979

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

Return to William L. Sisemore 641 Main St KFD

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of December A.D., 19 85 at 4:18 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 20036

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith