

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	
1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
2B. HOUR			
3. SEX		4. RACE/ETHNICITY	
5. DATE OF BIRTH		6. AGE	
7. IF UNDER 1 YEAR		8. IF UNDER 24 HOURS	
9. IF UNDER 24 HOURS		10. IF UNDER 24 HOURS	
11. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		12. NAME AND BIRTHPLACE OF FATHER	
13. BIRTH NAME AND BIRTHPLACE OF MOTHER		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
15. PRIMARY OCCUPATION		16. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
17. KIND OF INDUSTRY OR BUSINESS			
18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19. CITY OR TOWN	
19A. COUNTY		19B. STATE	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
21A. PLACE OF DEATH		21B. COUNTY	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A	
24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?	
26. WAS AUTOPSY PERFORMED?			
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		28. DATE OF OPERATION	
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)	
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		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
43. PLACE OF CERTIFICATION		44. DATE OF CERTIFICATION	
45. STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH			

CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

Robert J. Melton
 DIRECTOR OF HEALTH
 SIGNATURE OF CERTIFYING OFFICIAL
 ROBERT J. MELTON, M.D.
 MONTEREY COUNTY HEALTH DEPARTMENT
 PLACE OF CERTIFICATION
 1270 NATIVIDAD ROAD, SALINAS, CA. 93906-3198
 STATE OF CALIFORNIA
 DEPARTMENT OF PUBLIC HEALTH

JUN 10, 1985

DATE OF CERTIFICATION

SALINAS, CA. 93906-3198

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTHVS-11 (1-79) FORM VS-199
84199-430 6-71 ZOM © OS*

Filed for record at request of _____ the 22nd day
 of April A.D., 19 86 at 9:11 o'clock A M., and duly recorded in Vol. M86,
 of _____ Deeds on Page 6800.

FEE \$5.00

Evelyn Biehn,
By _____

County Clerk

Ret: Michael J. Anderson, Inc. 777 Campus Commons Dr., #167, Sacramento, Calif. 95825