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'86 APR 23 PM 4 02

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

60634

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: JOSEPH | 1B. MIDDLE: NMN | 1C. LAST: CABRAL
2A. DATE OF DEATH (MONTH, DAY, YEAR): December 4, 1985 | 2B. HOUR: 1318 hrs
3. SEX: MALE | 4. RACE/ETHNICITY: CAUC/AMERICAN | 5. SPANISH/HISPANIC: NO | 6. DATE OF BIRTH: NOVEMBER 20,1912
7. AGE: 73 YEARS | IF UNDER 1 YEAR: MONTHS | IF UNDER 1 DAY: DAYS | IF UNDER 24 HOURS: MINUTES

DECEDENT PERSONAL DATA

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): CUSTINE, CALIFORNIA
9. NAME AND BIRTHPLACE OF FATHER: Luiz Cabral - Portugal
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Mary Forte- Portugal
11A. CITIZEN OF WHAT COUNTRY: USA.
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19N A TO 19N A
12. SOCIAL SECURITY NUMBER: 551-24-6293
13. MARITAL STATUS: MARRIED
14. NAME OF SURVIVING SPOUSE OR WIFE, ENTER BIRTH NAME: Frances Cardoza
15. PRIMARY OCCUPATION: Rancher
16. NUMBER OF YEARS THIS OCCUPATION: 43
17. EMPLOYER OF SELF-EMPLOYED, SO STATE: Self
18. KIND OF INDUSTRY OR BUSINESS: Milk & Cattle

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 25212 - Bell Road
19B.
19C. CITY OR TOWN: Newman
19D. COUNTY: Stanislaus
19E. STATE: California

PLACE OF DEATH

21A. PLACE OF DEATH: Modesto City Hospital
21B. COUNTY: Stanislaus
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 17th & "H" Streets
21D. CITY OR TOWN: Modesto

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Frances Cabral - Wife
25212- Bell Rd.
Newman, Ca.

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A): Occlusion of Coronary Arteries, Old and Fresh
DUE TO, OR AS A CONSEQUENCE OF (B): Arteriosclerosis, generalized, severe
DUE TO, OR AS A CONSEQUENCE OF (C):
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
24. WAS DEATH REPORTED TO CORONER? Yes
25. WAS BIOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? Yes

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A:
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No
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.)
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE
28C. DATE SIGNED
28D. PHYSICIAN'S LICENSE NUMBER
28E. TYPE PHYSICIAN'S NAME AND ADDRESS

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: Deputy Coroner
35C. DATE SIGNED: 12/5/85
36. DISPOSITION: BURIAL
37. DATE—MONTH, DAY, YEAR: 12-7-1985
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: HILLS-FERRY CEMETERY NEWMAN, CA.
Investigation
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 4504
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): HILLVIEW FUNERAL CHAPEL
40B. LICENSE NO.: 507
41. LOCAL REGISTRAR—SIGNATURE: Kenn Kelly MD
42. DATE ACCEPTED BY LOCAL REGISTRAR: DEC 6 1985

STATE REGISTRAR

A. | B. | C. | D. | E. | F.

VS-11 (1-85)

I certify this instrument to be a true certified copy of the record in this office.

ATTEST: DEC 17 1985

Kenn Kelly MD

LOCAL REGISTRAR OF VITAL STATISTICS
OF STANISLAUS COUNTY, CALIFORNIA

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 23rd day of April A.D., 19 86 at 4:02 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 6985.

Evelyn Biehn, County Clerk
By _____

FEE $5.00
Ret: Proctor & Fairclo 280 Main St., Klamath Falls, Oregon 97601