63071

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER JUN 27 7H11 22

Vol. M80 Page 11269
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1 OF 2

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
ERLING	CHRISTOFFERSON	WEDAA

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
September 4, 1980	2110

3. SEX	4. RACE
Male	White

5. ETHNICITY: --

6. DATE OF BIRTH: May 10, 1947

7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
34 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Norway

9. NAME AND BIRTHPLACE OF FATHER: Anton Wedda—Norway

10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Jeane Christofferson—Norway

11. CITIZEN OF WHAT COUNTRY: Norway

12. SOCIAL SECURITY NUMBER: 512-43-8495

13. MARITAL STATUS: Married

14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Estela Martinez

15. PRIMARY OCCUPATION: Real Estate

16. NUMBER OF YEARS THIS OCCUPATION: 2

17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Bohannan Realty

18. KIND OF INDUSTRY OR BUSINESS: Real Estate

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 6527 Steffano Court

19B.

19C. CITY OR TOWN: Citrus Heights

19D. COUNTY: Sacramento

19E. STATE: California

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Estela Wedaa-Wife, 6527 Steffano Court, Citrus Heights, CA 95610

PLACE OF DEATH

21A. PLACE OF DEATH: COUNTY ROAD

21B. COUNTY: MARIN

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): SOUTHBOUND PARADISE DR. (NORTH OF SEAFIRTH)

21D. CITY OR TOWN: Tiburon

CAUSE OF DEATH

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

IMMEDIATE CAUSE

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

(A) DUE TO, OR AS A CONSEQUENCE OF

(B) DUE TO, OR AS A CONSEQUENCE OF

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER?

25. WAS BIOPSY PERFORMED?

26. WAS AUTOPSY PERFORMED?

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? 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.) | 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: BY: Barbara Bonnell ERVIN J. JINDRICH, M.D.

35C. DATE SIGNED: 9/8/80

36. DISPOSITION: Burial

37. DATE—MONTH, DAY, YEAR: 9-8-80

38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Mt. Vernon Memorial Park, Fair Oaks, CA

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 5994 Rod Noble

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): MT. VERNON MEM. PARK

41. LOCAL REGISTRAR—SIGNATURE: Theodore D. Hiatt M.D. LM

42. DATE ACCEPTED BY LOCAL REGISTRAR: 9-8-80

STATE REGISTRAR

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

VS-11 (10-78)

CERTIFICATION STATEMENT

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

THEODORE D. HIATT, M.D., COUNTY HEALTH OFFICER

Leona Meyssembourg, Deputy Registrar

SIGNATURE OF CERTIFYING OFFICIAL — OFFICIAL TITLE

COUNTY OF MARIN
DEPT. HEALTH AND HUMAN SERVICES

PLACE OF CERTIFICATION

9-26-80
DATE OF CERTIFICATION

ROOM 280, CIVIC CENTER — SAN RAFAEL, CALIF.

11270

THIS FORM MUST BE COMPLETED IN BLACK INK
AMENDMENT OF MEDICAL AND HEALTH SECTION DATA-DEATH

(INSTRUCTIONS ON REVERSE)

STATE CERTIFICATE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

IDENTIFICATION OF THE RECORD

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
ERLING	CHRISTOFFERSON	WEDAA

2 of 2

2. PLACE OF OCCURRENCE—CITY OR COUNTY	3. DATE OF EVENT	4. DATE ORIGINAL FILED
MARIN	9/4/80	9/8/80

ORIGINALLY REPORTED INFORMATION

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER?
25. WAS BIOPSY PERFORMED?
26. WAS AUTOPSY PERFORMED?

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION DATE

31. INJURY AT WORK
32A. DATE OF INJURY—MONTH, DAY, YEAR
32B. HOUR
29. SPECIFY ACCIDENT, SUICIDE, ETC.
30. PLACE OF INJURY
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? YES
25. WAS BIOPSY PERFORMED?
26. WAS AUTOPSY PERFORMED? YES

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
ACUTE ALCOHOL INTOXICATION (BLOOD ALCOHOL =0.20%)

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION DATE

31. INJURY AT WORK: NO
32A. DATE OF INJURY—MONTH, DAY, YEAR: 9/4/80
32B. HOUR: FD 2110
29. SPECIFY ACCIDENT, SUICIDE, ETC.: APPARENT ACCIDENT
30. PLACE OF INJURY: COUNTY ROAD
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): UNWITNESSED SINGLE VEHICLE ACCIDENT. AUTO FAILED TO MAKE CURVE, STRUCK EMBANKMENT.
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): SOUTHBOUND PARADISE DR. (NORTH OF SEAFIRTH) - TIBURON

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

5. 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

6a. SIGNATURE OF PHYSICIAN OR CORONER
6a. DATE SIGNED: 9/25/80
7a. NAME OF PHYSICIAN OR CORONER (PRINT OR TYPE): ERVIN J. JINDRICH, M.D.
7b. DEGREE OR TITLE: CORONER
7c. ADDRESS—STREET CITY STATE: CIVIC CENTER - SAN RAFAEL, CA
8b. DATE ACCEPTED: 9-25-80

REGISTRAR'S OFFICE

8a. OFFICE OF STATE OR LOCAL REGISTRAR: Theodore D. Hiatt, M.D.
Marin County Health Officer

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS — FORM VS-24B (REV. 10-78)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of June of A.D., 19 86 at 11:22 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 11269. the 27th day

Evelyn Biehn, County Clerk
By Pam Smith

FEE $9.00
Return: Estela Wedaa 6527 Steffano Ct., Citrus Heights, Ca. 95621