63071

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER 1980 JUN 27 PM 11 22

Vol. M80 Page 11269

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1 OF 2

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: ERLING
1B. MIDDLE: CHRISTOFFERSON
1C. LAST: WEDAA
2A. DATE OF DEATH (MONTH, DAY, YEAR): September 4, 1980
2B. HOUR: 2110
3. SEX: Male
4. RACE: White
5. ETHNICITY: --
6. DATE OF BIRTH: May 10, 1947
7. AGE: 34 YEARS (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: HOURS, MINUTES)
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 (A)
DUE TO, OR AS A CONSEQUENCE OF (B)
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?
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 Dorrel 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 Meysembourg, Deputy Registrar

SIGNATURE OF CERTIFYING OFFICIAL — OFFICIAL TITLE

COUNTY OF MARIN
DEPT. HEALTH AND HUMAN SERVICES — 9-26-80

PLACE OF CERTIFICATION — 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

2 OF 2

IDENTIFICATION OF THE RECORD

1a FIRST NAME: ERLING | 1b MIDDLE NAME: CHRISTOFFERSON | 1c LAST NAME: WEDAA

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

ORIGINALLY REPORTED INFORMATION

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

22. DEATH WAS CAUSED BY: 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

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE

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

(A) MULTIPLE TRAUMATIC INJURIES

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

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): SOUTHBOUND PARADISE DR. NORTH OF SEAFIRTH - TIBURON

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): UNWITNESSED SINGLE VEHICLE ACCIDENT. AUTO FAILED TO MAKE CURVE, STRUCK EMBANKMENT.

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: [signature] | 6a DATE SIGNED: 9/25/80

7a NAME OF PHYSICIAN OR CORONER (PRINT OR TYPE): ERVIN L. JINDRICH, M.D. | 7b DEGREE OR TITLE: CORONER

7c ADDRESS—STREET, CITY, STATE: CIVIC CENTER - SAN RAFAEL, CA

8a DATE ACCEPTED: 9-25-80

REGISTRAR'S OFFICE

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

FORM VS-24B (REV. 10-78)

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

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

Evelyn Biehn, County Clerk

By [signature]

FEE $9.00

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