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STATE FILE NUMBER		CERTIFICATE OF DEATH			3-86-01		03819		
1A. NAME OF DECEDENT—FIRST				1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
GLENITH				RUDOLPH		HOOD		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR	
3. SEX MALE				4. RACE/ETHNICITY WHITE		5. DATE OF BIRTH MARCH 4, 1927		7. AGE 59	
8. BIRTHPLACE OF DECEDENT MISSOURI				9. NAME AND BIRTHPLACE OF FATHER EARL ROCHEL HOOD - MO.		10. BIRTH NAME AND BIRTHPLACE OF MOTHER DRUE HOWERTON - MO.		11. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 1945 TO 1946	
11A. CITIZEN OF WHAT COUNTRY U.S.A.				12. SOCIAL SECURITY NUMBER 559-36-3733		13. MARITAL STATUS MARRIED		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) BARBARA TOLLAND	
15. PRIMARY OCCUPATION CARPENTER				16. NUMBER OF YEARS THIS OCCUPATION 32		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) LOCAL # 1622		18. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) BARBARA TOLLAND	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 34468 MONTGOMERY PLACE				19B. COUNTY ALAMEDA		19C. CITY OR TOWN FREMONT		19D. STATE CALIF.	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP BARBARA HOOD - WIFE 34468 MONTGOMERY PLACE FREMONT, CALIF. 94536				21. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 34468 MONTGOMERY PLACE		21B. COUNTY ALAMEDA		21C. CITY OR TOWN FREMONT	
22. DEATH WAS CAUSED BY: (A) Congestive Heart Failure (B) Cardiomyopathy (C) OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A				23. TYPE OF OPERATION 231 TYPE OF OPERATION		24. WAS DEATH REPORTED TO CORONER? YES		25. WAS BODYSY PERFORMED? No	
26. WAS AUTOPSY PERFORMED? No				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE		28. DATE SIGNED 9 Jun 86		29. PHYSICIAN'S LICENSE NUMBER	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. (ATTENDED DECEDENT SINCE LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) (ENTER MO. DA. YR.)				28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Deputy Coroner		28C. DATE SIGNED 9 Jun 86		28D. PHYSICIAN'S LICENSE NUMBER	
29. SPECIFY ACCIDENT, SUICIDE, ETC. Investigation				30. PLACE OF INJURY IRVINGTON CEMETERY, FREMONT, CALIF.		31. INJURY AT WORK F-1007		32. DATE OF INJURY—MONTH, DAY, YEAR 32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) FREMONT CHAPEL OF THE POSTS				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) F-1007		35. CORONER—SIGNATURE AND DEGREE OR TITLE Deputy Coroner		35C. DATE SIGNED 9 Jun 86	
36. DISPOSITION BURIAL				37. DATE—MONTH, DAY, YEAR JUNE 11, 1986		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY IRVINGTON CEMETERY, FREMONT, CALIF.		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE #70261	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) FREMONT CHAPEL OF THE POSTS				40B. LICENSE NO. F-1007		41. LOCAL REGISTRAR—SIGNATURE JUN 9 1986		42. DATE ACCEPTED BY LOCAL REGISTRAR JUN 9 1986	
43. STATE REGISTRAR A.				44. B.		45. C.		46. D.	
47. E.				48. F.		49. G.		50. H.	

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY *[Signature]* DEPUTY
DATE JUN 30 1986

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ of _____ September _____ A.D., 19 86 at 10:23 o'clock A M., and duly recorded in Vol. M86 _____ of Deeds _____ on Page 16219.

FEE \$5.00

Ret: Barbara Hood

34468 Montgomery Pl., Fremont, Calif. 94536

Evelyn Biehn, County Clerk

By *[Signature]*