70082

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. M87 Page 0129

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

**DECEDENT PERSONAL DATA**

1A. NAME OF DECEDENT—FIRST: Glenn
1B. MIDDLE: Arthur
1C. LAST: Sinclair
2A. DATE OF DEATH (MONTH, DAY, YEAR): September 28, 1986
2B. HOUR: 0640
3. SEX: Male
4. RACE/ETHNICITY: White/American
5. SPANISH/HISPANIC: NO ☒
6. DATE OF BIRTH: April 14, 1923
7. AGE: 63 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): CA
9. NAME AND BIRTHPLACE OF FATHER: Burr Sinclear – WI
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Ethel Wallace – WI
11A. CITIZEN OF WHAT COUNTRY: U.S.A.
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 43 TO 19 46
12. SOCIAL SECURITY NUMBER: 559-16-1686
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Donna Mae Allen
15. PRIMARY OCCUPATION: Supervisor
16. NUMBER OF YEARS THIS OCCUPATION: 35 Years
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Pacific Bell
18. KIND OF INDUSTRY OR BUSINESS: Communications

**USUAL RESIDENCE**

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1020 E. Orangeburg Ave.
19B.
19C. CITY OR TOWN: Modesto
19D. COUNTY: Stanislaus
19E. STATE: California

**PLACE OF DEATH**

21A. PLACE OF DEATH: Residence
21B. COUNTY: Stanislaus
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1020 E. Orangeburg Ave.
21D. CITY OR TOWN: Modesto

20C. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Donna Sinclear - wife
1020 E. Orangeburg Ave.
Modesto, CA 95350

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**CAUSE OF DEATH**

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A): Metastatic Carcinoma Of Lung
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? no
25. WAS BIOPSY PERFORMED? yes
26. WAS AUTOPSY PERFORMED? no

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: Chronic Bronchitis

**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.): 9-15-80
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 9-27-86
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Michael S. Smith M.D.
28C. DATE SIGNED: 9-30-86
28D. PHYSICIAN'S LICENSE NUMBER: G20607
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Michael S. Smith M.D. 1448 Florida Ave. Modesto, CA

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? yes
27A. TYPE OF OPERATION: Biopsy-Thoracotomy
DATE: 6-2-86

**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
35C. DATE SIGNED

36. DISPOSITION: Burial
37. DATE—MONTH, DAY, YEAR: 10-1-86
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Lakewood Memorial Park, Hughson, CA
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 4653 John J. Thompson
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Franklin & Downs Funeral Home
40B. LICENSE NO.: 1259
41. LOCAL REGISTRAR—SIGNATURE: Kam Tallen M.D.
42. DATE ACCEPTED BY LOCAL REGISTRAR: 9-30-86

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: SEP 30 1986

Kam Tallen M.D.

LOCAL REGISTRAR OF VITAL STATISTICS
OF STANISLAUS COUNTY, CALIFORNIA

See

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of January A.D., 19 87 at 12:23 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 129.

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

Evelyn Biehn, County Clerk
By _____