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71501

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3-86-41- 002804
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
JAMES	ERNEST	STONE	AUGUST 5, 1986	2400

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH	7. AGE (IF UNDER 1 YEAR: DAYS / IF UNDER 24 HOURS: HOURS / MINUTES)
MALE	WHITE	☒ XX	OCTOBER 14,1911	74 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
NJ	VICTOR STONE - AUSTRIA	ANNA MOYEFSKY AUSTRIA

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	19___ TO 19 NO	545-07-6184	MARRIED	ELMA E. GEORGE

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS IN OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
NAVY CIVIL SERVICE	20	US.S.CIVIL SERV.COMM.	GOVERNMENT

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
1923 BELLE AVENUE	609400	SAN CARLOS

19D. COUNTY	19E. STATE
SAN MATEO	CALIFORNIA

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
SEQUOIA HOSPITAL	SAN MATEO
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
WHIPPLE & ALAMEDA	REDWOOD CITY

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
MRS. ELMA E. STONE - WIFE
1923 BELLE AVENUE
SAN CARLOS, CA 94070

CAUSE OF DEATH

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

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	ACUTE CARDIOPULMONARY ARREST	1 HOUR
DUE TO, OR AS A CONSEQUENCE OF (B)	METASTATIC LUNG CANCER	1 HOUR
DUE TO, OR AS A CONSEQUENCE OF (C)		

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

24. WAS DEATH REPORTED TO CORONER? ~~NO~~ Yes
25. WAS BIOPSY PERFORMED? NO
26. WAS AUTOPSY PERFORMED? NO
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
8-5-86	8-5-86	Marc Friedman MD	8-7-86	G46963

28E. TYPE PHYSICIAN'S NAME AND ADDRESS
MARC FRIEDMAN, M.D. 888 OAK GROVE AVE. MENLO PARK, CA.

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	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
CREMATION	8-886	APOLLO CREMATORY, EMENYVILLE	NOT EMBALMED

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
NEPTUNE SOCIETY - BELMONT	1327	J.M. Bodie, M.D.	AUG 08 1986

STATE REGISTRAR

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

SAN MATEO COUNTY
DEPARTMENT OF HEALTH SERVICES
225-37TH AVENUE SAN MATEO, CALIFORNIA

THIS IS TO CERTIFY THAT, IF BEARING THE DEPARTMENT SEAL, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

J.M. Bodie, M.D.
J.M. BODIE, M.D.
HEALTH OFFICER AND REGISTRAR

DATE: August 8, 1986

15980

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of February A.D., 19 87 at 12:29 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 2554 the 18th day

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Ret: U.S. National Bank of Ore. Box 3168 Portland, Oregon 97208