KCTC-39483

73490

CERTIFICATE OF DEATH

Vol. M87 Page 6350

STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Jeanne AKA: Alice
1B. MIDDLE: S. AKA: Jeanne
1C. LAST: Phillips
2A. DATE OF DEATH (MONTH, DAY, YEAR): February 14, 1986
2B. HOUR: 2045
3. SEX: Female
4. RACE/ETHNICITY: White/American
5. SPANISH/HISPANIC: NO
6. DATE OF BIRTH: March 31,1928
7. AGE: 57 YEARS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): WA
9. NAME AND BIRTHPLACE OF FATHER: Albert Schulz/WA
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Chrystle Robins/WA
11A. CITIZEN OF WHAT COUNTRY: USA
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 -- TO 19 --
12. SOCIAL SECURITY NUMBER: 536-24-5135
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Royal Phillips
15. PRIMARY OCCUPATION: Property Manager
16. NUMBER OF YEARS THIS OCCUPATION: 3
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): All Property Management
18. KIND OF INDUSTRY OR BUSINESS: Real Estate

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 5469 Leigh Avenue
19B.
19C. CITY OR TOWN: San Jose
19D. COUNTY: Santa Clara
19E. STATE: CA
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Royal Phillips-Husband, 5469 Leigh Avenue, San Jose, CA 95124

PLACE OF DEATH

21A. PLACE OF DEATH: Kaiser Permanente Medical Center
21B. COUNTY: Santa Clara
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 900 Kiely Blvd.
21D. CITY OR TOWN: Santa Clara

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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) Colon Cancer
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
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? No
25. WAS BIOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? No
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A
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.): 10/1985
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 2/14/86
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: [signature]
28C. DATE SIGNED: 2/18/86
28D. PHYSICIAN'S LICENSE NUMBER: G17362
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Terry Rabinowitz, M. D. 900 Kiely blvd Santa Clara

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: Cremation
37. DATE—MONTH, DAY, YEAR: Feb. 21,1986
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Cedar Lawn Memorial Park,Fremont, CA
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Unembalmed
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Lima Family Santa Clara
40B. LICENSE NO.: F-93
41. LOCAL REGISTRAR—SIGNATURE: Stephen A. Coray M.D.
42. DATE ACCEPTED BY LOCAL REGISTRAR: FEB 1 9 1986

STATE REGISTRAR: A. B. C. D. E. F.

VS-11(1-85)

'87 APR 15 AM 10 19

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE

STEPHEN A. CORAY, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS
February 19, 1986
CERTIFICATION FEE: $5.00

BY: Esther Starritt
DEPUTY REGISTRAR OF VITAL STATISTICS
SANTA CLARA COUNTY HEALTH DEPARTMENT
SAN JOSE, CALIFORNIA

after recording return to:
Royal E. Phillips
209 Jubilee Way
Rio Linda, Calif 95673

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Company the 15th day of April A.D., 19 87 at 10:19 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 6350.

Evelyn Biehn, County Clerk
By [signature]

FEE $5.00