78864

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol M87 Page 15964

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 4900-1941

DECEDENT PERSONAL DATA

- 1A. Name of Decedent—First: WILMA
- 1B. Middle: JEAN
- 1C. Last: KOCH
- 2A. Date of Death (Month, Day, Year): August 20, 1987
- 2B. Hour: 1205
- 3. Sex: Female
- 4. Race/Ethnicity: White
- 5. Spanish/Hispanic: No X
- 6. Date of Birth: July 4, 1927
- 7. Age: 60 Years
- 8. Birthplace of Decedent (State or Foreign Country): OK
- 9. Name and Birthplace of Father: James J. Darling - OK
- 10. Birth Name and Birthplace of Mother: Nora L. Moles - MO
- 11A. Citizen of What Country: U.S.A.
- 11B. If Deceased Was Ever in Military Give Dates of Service: 19 N/A to 19 N/A
- 12. Social Security Number: 570-32-8309
- 13. Marital Status: Married
- 14. Name of Surviving Spouse (If Wife, Enter Birth Name): Jay Koch
- 15. Primary Occupation: Inspector
- 16. Number of Years This Occupation: 25
- 17. Employer (If Self-Employed, So State): Hoover Electric Co.
- 18. Kind of Industry or Business: Aircraft Parts

USUAL RESIDENCE

- 19A. Usual Residence—Street Address (Street and Number or Location): H C 63, Box 876
- 19B.
- 19C. City or Town: Sprague River
- 19D. County: Klamath
- 19E. State: OR

PLACE OF DEATH

- 20. Name and Address of Informant—Relationship: Jay Koch - Husband, H C 63, Box 876, Sprague River, OR 97639
- 21A. Place of Death: Hacienda Skilled Nursing Facility
- 21B. County: Sonoma
- 21C. Street Address (Street and Number or Location): 300 Douglas Street
- 21D. City or Town: Petaluma

CAUSE OF DEATH

- 22. Death was caused by: (Enter only one cause per line for A, B, and C)
  - Immediate cause (A): Cerebrovascular Accident — Approximate interval between onset and death: 2 Month
  - 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):
- 23. Other Significant Conditions—Contributing to Death But Not Related to Cause Given in 22A:
- 24. Was Death Reported to Coroner? Yes# 18016
- 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.): 6-26-87; I Last Saw Decedent Alive (Enter Mo. Da. Yr.): 8-7-87
- 28B. Physician—Signature and Degree or Title: [signature] MD
- 28C. Date Signed: 8/21/87
- 28D. Physician's License Number: G22553
- 28E. Type Physician's Name and Address: Gerald S. Besses M.D. 108 Lynch Creek Way, Petaluma, 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: Cremation
- 37. Date—Month, Day, Year: Aug. 24, 1987
- 38. Name and Address of Cemetery or Crematory: Tulocay Cemetery, Napa, CA
- 39. Embalmer's License Number and Signature: No Embalming
- 40A. Name of Funeral Director (or Person Acting as Such): Richard Pierce Funeral Service
- 40B. License No.: F-364
- 41. Local Registrar—Signature: [signature]
- 42. Date Accepted by Local Registrar: AUG 21 1987

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

VS-11 (1-85)

87 SEP 3 AM 9 58

CERTIFICATION STATEMENT

This is to certify, that the foregoing is a true and correct copy of the Vital Record which is on file in this office and of which I am legal custodian.

SIGNATURE: [signature] MD

PLACE: Sonoma County Public Health Service, Santa Rosa, California

OFFICIAL TITLE: Public Health Officer and Local Registrar

DATE OF CERTIFICATION: AUG 26 1987

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jay Koch the 3rd day of September A.D., 19 87 at 9:58 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 15964.

Evelyn Biehn, County Clerk

By [signature]

FEE $5.00

Return: Jay Koch H.C. 63, Box 876, Sprague River, Oregon 97639