81136

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol M87 Page 19867

38734

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Robert | 1B. MIDDLE: Bruce | 1C. LAST: Williams

3. SEX: Male | 4. RACE/ETHNICITY: White | 5. SPANISH/HISPANIC: NO [X] | 6. DATE OF BIRTH: June 5, 1919

2A. DATE OF DEATH (MONTH, DAY, YEAR): September 28, 1987 | 2B. HOUR: 1800

7. AGE: 68 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: Lloyd Williams CA

10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Evelyn Lamphere CA

11A. CITIZEN OF WHAT COUNTRY: USA | 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 41 TO 19 64 | 12. SOCIAL SECURITY NUMBER: 547-24-1021 | 13. MARITAL STATUS: Married

14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Marie Akerley

15. PRIMARY OCCUPATION: Aircraft Mechanic | 16. NUMBER OF YEARS THIS OCCUPATION: 8 | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): McClellan Air Force Base | 18. KIND OF INDUSTRY OR BUSINESS: Military Air Force Base

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 6929 Gillingham Way | 19B.

19C. CITY OR TOWN: North Highlands

19D. COUNTY: Sacramento | 19E. STATE: CA

PLACE OF DEATH

21A. PLACE OF DEATH: In Residence | 21B. COUNTY: Sacramento

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 6929 Gillingham Way | 21D. CITY OR TOWN: North Highlands

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Marie W. Williams (spouse)
6929 Gillingham Way
North Highlands, CA 95660

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.

(A) Cardiac dysrhythmia — DUE TO, OR AS A CONSEQUENCE OF — 1HM

(B) Arteriosclerotic Coronary Artery Disease — DUE TO, OR AS A CONSEQUENCE OF — 10Yrs

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

24. WAS DEATH REPORTED TO CORONER? YES 87-2651

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: Aorto Coronary Bypass | DATE: 8 July 87

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.): July 6 87 | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): Aug 14 1987

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: William H Heydorn | 28C. DATE SIGNED: 10/1/87 | 28D. PHYSICIAN'S LICENSE NUMBER: 10424096

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: William H. Heydorn, M.D. Letterman Army Medical Center, Presidio, San Francisco, 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: Burial | 37. DATE—MONTH, DAY, YEAR: Oct. 2, 1987 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Calvary Cemetery, Sacramento, CA

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): LOMBARD AND COMPANY | 40B. LICENSE NO.: 1037 | 41. LOCAL REGISTRAR—SIGNATURE: Paul F. Hom, MD | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: #5994 | 42. DATE ACCEPTED BY LOCAL REGISTRAR: OCT 1 1987

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

VS-11 (1-85)

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE SACRAMENTO COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL STATISTICS SECTION OF SACRAMENTO COUNTY DEPARTMENT OF HEALTH, SACRAMENTO, CALIFORNIA.

Paul F. Hom, MD REGISTRAR

Bonnie York DEPUTY

Ret.
MRS MARIE W WILLIAMS
6929 GILLINGHAM WAY
N HIGHLANDS CA
95660

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marie W. Williams
of November A.D. 19 87 at 9:16 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 19867.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith