83282 ATE 31828

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STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

4900-851

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: PATRICIA
1B. MIDDLE: ELIZABETH
1C. LAST: SIMMONS
2A. DATE OF DEATH (MONTH, DAY, YEAR): APRIL 2,1987
2B. HOUR: 1845
3. SEX: FEMALE
4. RACE/ETHNICITY: CAUC/ AMERICAN
5. SPANISH/HISPANIC: NO ☒
6. DATE OF BIRTH: APRIL 18,1915
7. AGE: 71 YEARS | IF UNDER 1 YEAR: MONTHS | DAYS | IF UNDER 24 HOURS: HOURS | MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): CALIFORNIA
9. NAME AND BIRTHPLACE OF FATHER: HERBERT KING CALIFORNIA
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: ELIZABETH PHEFFER,MO.
11A. CITIZEN OF WHAT COUNTRY: USA
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 NA TO 19 NA
12. SOCIAL SECURITY NUMBER: 556-09-3828
13. MARITAL STATUS: DIVORCED
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): N/A
15. PRIMARY OCCUPATION: SCHOOL BUS DRIVER
16. NUMBER OF YEARS THIS OCCUPATION: 8
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): BELLEVUE SCHOOL DISTRICT
18. KIND OF INDUSTRY OR BUSINESS: EDUCATION

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 9595 MAIN ST.
19B.
19C. CITY OR TOWN: PENNGROVE
19D. COUNTY: SONOMA
19E. STATE: CALIFORNIA

1 of 2

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: FRANK SIMMONS ,SON 9595 MAIN ST. PENNGROVE,CALIF. 94928

PLACE OF DEATH

21A. PLACE OF DEATH: AT RESIDENCE
21B. COUNTY: SONOMA
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 95959 MAIN ST.
21D. CITY OR TOWN: PENNGROVE

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE
(A) Oat Cell Carcinoma of Lungs — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: yrs
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? 17124 yes
25. WAS BIOPSY PERFORMED? yes
26. WAS AUTOPSY PERFORMED? NO
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Bronchoscopy DATE: 1986

'88 JAN 8 AM 11 22

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.): 3-10-87
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 3-21-87
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: [signature]
28C. DATE SIGNED: April 2-1987
28D. PHYSICIAN'S LICENSE NUMBER: A18060
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: RAYMOND JEWEL,M.D. 127 4TH,PETALUMA,CALIF.

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: APRIL 6,1987
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: CHAPEL OF THE CHIMES, SANTA ROSA,CALIF.
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: NOT EMBALMED
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): NEPTUNE SOCIETY, SANTA ROSA,CA
40B. LICENSE NO.: F-1334
41. LOCAL REGISTRAR—SIGNATURE: R L Holtzer MD [signature]
42. DATE ACCEPTED BY LOCAL REGISTRAR: APR 0 6 1987

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

VS-11 (1-85)

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: R L Holtzer MD [signature]

OFFICIAL TITLE: Public Health Officer and Local Registrar

PLACE: Sonoma County Public Health Service Santa Rosa, California

DATE OF CERTIFICATION: APR 0 9 1987

Ret AT & EC

STATE CERTIFICATE NUMBER

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE

4900-851 385

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

2 of 2

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY

1A. FIRST NAME: PATRICIA	1B. MIDDLE NAME: ELIZABETH		1C. LAST NAME: SIMMONS
2. SEX: FEMALE	3. DATE OF EVENT: APRIL 18,1915	4. PLACE OF OCCURRENCE—CITY AND COUNTY: PENNGROVE SONOMA	
5. NAME OF FATHER: HERBERT KING		6. BIRTH NAME OF MOTHER: ELIZABETH PHEFFER	

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

7. ITEM NUMBER	8A. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8B. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
21C	95959 MAIN ST.	9595 MAIN ST.

REASON FOR CORRECTION: 9. TO AMEND THE RECORD

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT: ▶ Shirley Noecki	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.: FUNERAL DIRECTOR	
13. DATE SIGNED: 4/8/1987	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE): 2607 SANTA ROSA AVE. SANTA ROSA, CALIF.	12. AGE OF PERSON COMPLETING THE AFFIDAVIT: ADULT

SECOND SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT: ▶ Carl F. Williams	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.: CLERK	
18. DATE SIGNED: 4/8/1987	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE): 2607 SANTA ROSA AVE. SANTA ROSA, CALIF.	17. AGE OF PERSON COMPLETING THE AFFIDAVIT: ADULT

STATE OR LOCAL REGISTRAR USE ONLY: 20. DATE ACCEPTED: APR 09 1987 | 21. OFFICE OF THE STATE OR LOCAL REGISTRAR: ▶ R L Holtzer MD /jc

Sonoma County Public Health Department
3313 Chanate Road
Santa Rosa, California 95404-1795

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 7-85) FORM VS-24

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: R L Holtzer MD

OFFICIAL TITLE: Public Health Officer and Local Registrar

PLACE: Sonoma County Public Health Service
Santa Rosa, California

DATE OF CERTIFICATION: APR 09 1987

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow Company the 8th day of January A.D., 19 88 at 11:22 o'clock A M., and duly recorded in Vol. M88 of Deeds on Page 384

FEE $10.00

Evelyn Biehn, County Clerk
By Pam Smith