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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER 3-88-07 01742 (LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER)

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
EVELINA	MARTHA	CHUCK

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
FEMALE	WHITE	NO	FEB 15, 1911	March 7,1988	1353

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
KS	(1ST NM UNK) GOODWIN - PL UNK	77 YEARS				

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
U.S.A.	19 — TO 19 N/A	522-16-3557	MARRIED	(1ST NM UNK) HOPKINS-PL UNK

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
HOMEMAKER	ADULT	SELF-EMPLOYED	WILLARD A. CHUCK

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19E.	18. KIND OF INDUSTRY OR BUSINESS
13402 DOOLITTLE DR.		HOMEMAKING

19D. COUNTY	19E. STATE	19C. CITY OR TOWN
ALAMEDA	CA	SAN LEANDRO

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Humana Hospital (ER)	Alameda	WILLARD A. CHUCK - HUSBAND 13402 DOOLITTLE DR. SAN LEANDRO, CA 94577

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
13855 East 14th Street	San Leandro

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) Cardiorespiratory failure — DUE TO, OR AS A CONSEQUENCE OF
(B) hypertensive cardiovascular disease — DUE TO, OR AS A CONSEQUENCE OF
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Mins / Years

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

24. WAS DEATH REPORTED TO CORONER? 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

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

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) Investigation

35B. CORONER—SIGNATURE AND DEGREE OR TITLE: Deputy Coroner #153 | 35C. DATE SIGNED: 3-8-88

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
CREMATION	MAR 10, 1988	APOLLO CREMATORY - EMERYVILLE	NOT EMBALMED

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE
NEPTUNE SOCIETY - OAKLAND	1325	

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	42. DATE ACCEPTED BY LOCAL REGISTRAR
						MAR 08 1988

VS-11(1-85)

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY: _____ DEPUTY

DATE: APR 11 1988

ck

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Willard A. Chuck the 20th day of April A.D., 19 88 at 2:58 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 6224.

FEE $5.00

Evelyn Biehn County Clerk
By Pamela Holcomb

Return To: Willard A. Chuch-13402 Doolittle Dr.-SanLeandro, CA 94577