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CERTIFICATE OF DEATH STATE OF CALIFORNIA

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STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		JAMES		A.	COFFELT	2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR	
3. SEX		4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES
male		caucasian	NO	Jan. 17, 1919		68 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
Arkansas		Carl James Coffelt Arkansas		Beulah Congo Arkansas			
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		
USA		1942 TO 1943	573-09-7171	married	Arliene Baldwin		
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS		
Truck driver		20	Granite Construction		building materials		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN			
540 Dufour St				Santa Cruz			
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
Santa Cruz		California		Arliene Coffelt spouse			
21A. PLACE OF DEATH		21B. COUNTY		540 DuFour St.			
Cypress Care Manor		Santa Cruz		Santa Cruz, Calif. 95060			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN					
1098 38th Avenue		Santa Cruz					
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?	
IMMEDIATE CAUSE		(A) Respiratory Failure		1 day		no	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE		(B) Congestive Heart Failure		2 weeks		no	
STATIFY THE UNDERLYING CAUSE LAST.		Arteriosclerotic heart disease		10 years		no	
26. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		no			
Dr. Christensen/MD		1/11/88		C-30964			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES		28B. PHYSICIAN'S NAME AND ADDRESS		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
Jan 30, '73		Donald E. Christensen, MD		1/11/88		C-30964	
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)		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		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
cremation		1/12/1988		Santa Cruz Memorial Park, Santa Cruz		na	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
Santa Cruz-Watsonville		1384		Brenda J. Kline		JAN 11 1988	
Cremation Service							

CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

Brenda J. Kline Health Officer/
Local Registrar

SIGNATURE OF CERTIFYING OFFICIAL

County of Santa Cruz

JAN 14 1988

PLACE OF CERTIFICATION

DATE OF CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

(REV. 11-1-70) FORM VS-139
50655-420 2-72 30M © OSP

HEALTH SERVICES AGENCY



Legal document ONLY with
County Impress seal

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ day
of April _____ A.D., 19 88 at 11:45 o'clock A.M., and duly recorded in Vol. M88
of Deeds _____ on Page 6495.

FEE \$5.00

Evelyn Biehn County Clerk

By *Bernetha A. Heloth*

Ret: Arliene Coffelt-540 DuFour St.-Santa Cruz, CA 95060