

87121

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

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STATE FILE NUMBER 87121		1A. NAME OF DECEDENT—FIRST ARTHUR		1B. MIDDLE BURTON		1C. LAST COX		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2A. DATE OF DEATH (MONTH, DAY, YEAR) April 9, 1988		2B. HOUR 1910	
3. SEX Male		4. RACE/ETHNICITY White		5. SPANISH/HISPANIC ☒		6. DATE OF BIRTH April 12, 1916		7. AGE 71 YEARS		8. IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) California		9. NAME AND BIRTHPLACE OF FATHER William Cox - Nebraska		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Loretta Trowbridge - NB		11. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 --- TO 19 ---		12. SOCIAL SECURITY NUMBER 548-03-0382		13. MARITAL STATUS Married	
11A. CITIZEN OF WHAT COUNTRY U.S.A.		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 --- TO 19 ---		12. SOCIAL SECURITY NUMBER 548-03-0382		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Ruth E. Peterson		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Ruth E. Peterson	
15. PRIMARY OCCUPATION Traffic Manager		16. NUMBER OF YEARS THIS OCCUPATION 18 Years		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Paktank Richmond, Inc.		18. KIND OF INDUSTRY OR BUSINESS Liquid Chemical		19. CITY OR TOWN El Cerrito		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Ruth E. Ward - Wife 7630 Ward Avenue El Cerrito, CA	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 7630 Ward Avenue		19B. COUNTY Contra Costa		19C. STATE California		21A. PLACE OF DEATH Residence		21B. COUNTY Contra Costa		21C. CITY OR TOWN El Cerrito	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Respiratory Failure (B) Metastatic Adenocarcinoma, Right Lung (C) Peripheral Vascular Disease with left below knee amputation None		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A None		24. WAS DEATH REPORTED TO CORONER? NO		25. WAS BIOPSY PERFORMED? YES		26. WAS AUTOPSY PERFORMED? NO		27. WAS OPERATION PERFORMED, FOR ANY CONDITION IN ITEMS 22 OR 23? Biopsy Chest Mediastinoscopy 3-10-88	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 1970		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Peter Strykers, M.D.		28C. DATE SIGNED 4-11-88		28D. PHYSICIAN'S LICENSE NUMBER A 17916		29. SPECIFY ACCIDENT, SUICIDE, ETC. None		30. PLACE OF INJURY None	
31. INJURY AT WORK None		32A. DATE OF INJURY—MONTH, DAY, YEAR None		32B. HOUR None		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) None		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) None		35. CORONER—SIGNATURE AND DEGREE OR TITLE None	
36. DISPOSITION Entombment		37. DATE—MONTH, DAY, YEAR 4-13-1988		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Sunset Mausoleum, Kensington, CA		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 7560 Richard A. Riffel		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Sunset View Cemetery Ass'n.		41. LOCAL REGISTRAR—SIGNATURE Wendell Brunner	
42. DATE ACCEPTED BY LOCAL REGISTRAR 4-11-88		43. DATE SIGNED 4-11-88		44. DATE SIGNED 4-11-88		45. DATE SIGNED 4-11-88		46. DATE SIGNED 4-11-88		47. DATE SIGNED 4-11-88	

Certification
Statement

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office.

Signature of Certifying Official

Wendell Brunner, M.D.

Official Title

Local Registrar

Place of Certification

Contra Costa County Health Services—
Public Health Division
Martinez, California

Date of Certification

State of California, Health Services—Public Health Division, Bureau of Vital Statistics

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of James L. Quick, Attorney
of May A.D. 19 88 at 11:52 o'clock A M., and duly recorded in Vol. M88
of Deeds on Page 7271

FEE \$5.00

Evelyn Biehn

County Clerk

Return TO: James L. Quick - 1393 Solano Ave.--Albany, CA 94706