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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: Hampton	1B. MIDDLE: Arthur	1C. LAST: Stewart
3. SEX: Male	4. RACE: White	5. ETHNICITY: American
6. DATE OF BIRTH: April 4, 1917		
7. AGE: 65 YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
2A. DATE OF DEATH (MONTH, DAY, YEAR): October 9, 1982	2B. HOUR: 1917	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): NY	9. NAME AND BIRTHPLACE OF FATHER: Oris Stewart/no record	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Harriet Judge/NY		
11. CITIZEN OF WHAT COUNTRY: U S A	12. SOCIAL SECURITY NUMBER: 561 42 3304	13. MARITAL STATUS: married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Alice Nugen		
15. PRIMARY OCCUPATION: Master Technician	16. NUMBER OF YEARS THIS OCCUPATION: 17	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Varian Associates
18. KIND OF INDUSTRY OR BUSINESS: Electronic Manufacturing		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1930 Almaden Rd. #9	19B.	19C. CITY OR TOWN: San Jose
19D. COUNTY: Santa Clara	19E. STATE: California	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Mrs. Alice Stewart - spouse 1930 Almaden Rd. #9 San Jose, Calif. 95125		
21A. PLACE OF DEATH: residence	21B. COUNTY: Santa Clara	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1930 Almaden Rd. #9	21D. CITY OR TOWN: San Jose	

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A): Metastatic Colon Cancer

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):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

24. WAS DEATH REPORTED TO CORONER? NO

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: Omental biopsy & entero-colostomy DATE: 3/19/82

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.): 10/10/82	I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.): 9/22/82	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Eric M. Chevlen	28C. DATE SIGNED: 10/12/82	28D. PHYSICIAN'S LICENSE NUMBER: G-36649
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Eric Chevlen MD. 15899 Los Gatos-Almaden Rd. San Jose, Ca.				

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

DISPOSITION: Burial

37. DATE—MONTH, DAY, YEAR: October 13, 1982

38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Los Gatos Memorial Park-San Jose, Ca.

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Chapel of the Hills #940

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: M. H. Myers 5671

41. LOCAL REGISTRAR—SIGNATURE: P. Giansiracusa M.D. Lungs

42. DATE ACCEPTED BY LOCAL REGISTRAR: OCT 13 1982

STATE REGISTRAR: A. | B. | C. | D. | E. 39035 | F.

VS-11 (10-78)

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE
BERNICE GIANSIRACUSA, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS
BY: Evelyn Vara
DEPUTY REGISTRAR OF VITAL STATISTICS
SANTA CLARA COUNTY HEALTH DEPARTMENT
SAN JOSE, CALIFORNIA
October 13, 1982
CERTIFICATION FEE: $3.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Walter E. Wagner
of June A.D., 19 88 at 11:32 o'clock A.M., and duly recorded in Vol. M88, the 30 day
of Deeds on Page 10238.

FEE $8.00

Evelyn Biehn County Clerk
By Pauline Mullendore

BK 323 PG 555