2649 Vol M89 Page 12970

MTC-21703 (STATE FILE NUMBER)

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

3-89-01 00827 (LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER)

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MONTH, DAY, YEAR	2B. HOUR	3. SEX
Vera	Mae	Marshall	Fri Jan 30, 1989	1440	F

4. RACE	5. SPANISH/HISPANIC	6. DATE OF BIRTH—MONTH, DAY, YEAR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Caucasian	☐ YES ☒ NO SPECIFY	March 8, 1911	77				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
CO	USA	Chester Marshall	PA	Hallie Snow	KS

12. MILITARY SERVICE?	13. SOCIAL SECURITY NUMBER	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19__ TO 19__ ☒ NONE	548-03-4037	NVR MRRD	---

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN USUAL OCCUPATION	17. NUMBER OF HIGHEST GRADE COMPLETED (1–12 OR COLLEGE 13–17+)
Accountant	Insurance	Insurance Comm.	30	16

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
19960 Wisteria Street	Castro Valley	95456

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Alameda	77	California	David W. Morrow-Executor 7580 Primrose Drive Buena Park, CA 90620

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Residence		Alameda

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER?
19960 Wisteria Street	Castro Valley		☒ YES 89-0242 REFERRAL NUMBER ☐ NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)—TYPE OR PRINT

			23. WAS BIOPSY PERFORMED?
IMMEDIATE CAUSE	(A) Hypertensive Cardiovascular Disease	Years	☐ YES ☒ NO
DUE TO	(B) None		24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO
DUE TO	(C) None		24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? MONTH, DAY, YEAR / TYPE
None	None

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED
27A. DECEDENT ATTENDED SINCE (MONTH, DAY, YEAR) / DECEDENT LAST SEEN ALIVE (MONTH, DAY, YEAR)	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		

CORONER'S USE ONLY

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28A. SIGNATURE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED
	Daniel Fredell #136	Deputy Coroner	2-1-89

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
Natural		☐ YES ☐ NO		

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION	34B. PLACE OF FINAL DISPOSITION	34C. DATE OF DISPOSITION MONTH, DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
Cremation	Chapel of Memories 4401 Howe Street Oakland	Feb. 2, 1989	Not embalmed	---

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Chapel of the Chimes-Oakland	1254	[signature]	FEB 02 1989

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 1-89) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

'89 JUL 17 AM 9 49

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.

RETURN: KFF
2943 S. 6th St.
KFO 97603

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

BY: [signature] DEPUTY

DATE: FEB 03 1989

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 17th day of July A.D., 19 89 at 9:49 o'clock A M., and duly recorded in Vol. M89, of Deeds on Page 12970.

Evelyn Biehn - County Clerk

By Pauline Mullendore

FEE $8.00