

SAN BENITO COUNTY

HEALTH DEPARTMENT
439 FOURTH ST., HOLLISTER, CALIFORNIA 95023

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MONTH, DAY, YEAR		2B. HOUR	3. SEX
		Jesse		Huddleston	Neal	April 26, 1989		0100	Male
4. RACE		5. SPANISH/HISPANIC		6. DATE OF BIRTH—MONTH, DAY, YEAR		7. AGE IN YEARS		8. IF UNDER 1 YEAR	
Caucasian		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		July 20, 1915		73		IF UNDER 24 HOURS	
8. STATE OF BIRTH		9. COUNTRY OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER	
Okla.		U.S.A.		George Neal		Ark.		Justina Sanders	
12. MILITARY SERVICE		13. SOCIAL SECURITY NUMBER		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)		11B. STATE OF BIRTH	
19 — TO 19 — <input checked="" type="checkbox"/> NONE		41-18-2698		Married		Neva Speed		Okla.	
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)	
Carpenter		Carpentry		self		40		10	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE					
7804 Cienega Road		Hollister		95023					
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT			
San Benito		5		California		Neva A Neal—wife			
19A. PLACE OF DEATH		19B. MORTALITY REPORT ONE IN EVERY FOUR		19C. COUNTY		7804 Cienega Road			
Hazel Hawkins Mem. Hosp.		1B		San Benito		Hollister, Cal., 95023			
21. DEATH WAS CAUSED BY—ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C—TYPE OR PRINT		22. WAS DEATH REPORTED TO CORONER?		23. WAS BODY PERFORMED?		24A. WAS AUTOPSY PERFORMED?		24B. IF YES, WAS IT UNDER 24 HOURS CAUSE OF DEATH?	
(A) <u>Brain aneurysm</u>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (B) <u>Domestic</u>									
DUE TO (C) <u>Heart failure</u>									
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 23?		26. TYPE					
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
1. CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		27A. DECEASED ATTENDED SINCE		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED	
4/25/89		4/25/89		<u>Andres M. P.</u>		G32306		4/26/89	
28A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		28B. LICENSE NO.		28C. SIGNATURE OF LOCAL REGISTRAR		28D. DATE SIGNED		28E. CENSUS TRACT	
Grunnagle Ament Nelson Mortuary		FD-304		<u>PL Jones</u>		APR 27 1989		AC	
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		31. HOUR	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34A. DISPOSITION		34B. PLACE OF FINAL DISPOSITION		34C. DATE OF DISPOSITION	
				Burial		I.O.O.F. Cemetery		4/28/1989	
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		35B. LICENSE NO.		35C. SIGNATURE OF EMBALMER		35D. LICENSE NUMBER		35E. DATE OF EMBALMING	
Grunnagle Ament Nelson Mortuary		FD-304		not embalmed					
36A. STATE OF BIRTH		36B. COUNTY OF BIRTH		36C. DATE OF BIRTH		36D. PLACE OF BIRTH		36E. DATE OF DEATH	
A.		B.		C.		D.		E.	

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STATE OF CALIFORNIA
COUNTY OF SAN BENITO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN BENITO COUNTY REGISTRAR.

ATTEST:

DATE ISSUED:

April 27 1989

This copy not valid unless prepared on engraved border displaying seal and signature of the County Registrar.

SAN BENITO
REGISTRAR & HEALTH OFFICER

STATE OF OREGON: COUNTY OF KLAMATH

Filed for record at request of Neva Neal the 26th day of July A.D., 19 89 at 12:03 o'clock P.M., and duly recorded in Vol. M89 of Deeds on Page 13632

Evelyn Biehn County Clerk

By Doreen Muller

FEE \$8.00

Return: Neva Neal

P.O. Box 343, Sprague River, Or. 97639