

12216

Aspen 34924

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol M90 Page 4521

STATE FILE NUMBER		11C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST, MIDDLE, LAST		Brinks		2A. DATE OF DEATH (MONTH, DAY, YEAR) 125. HOUR	
John Jay		6. DATE OF BIRTH		AUGUST 27, 1988 1914	
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	7. AGE		
Male	Wh/Amer.	NO	69 YEARS		
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
MI		Harim Brinks - (Not avail.)		Elsie Price - (Not avail.)	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER	
USA		19 43 TO 19 45		384-09-8721	
13. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATE	
Auto Mechanic		40 yrs.		Self	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN	
900 Bewley Ave.				Modesto	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Stanislaus		California		Mollie W. Brinks, wife	
21A. PLACE OF DEATH		21B. COUNTY		900 Bewley Ave.	
Memorial South Hospital		Stanislaus		Modesto, CA 95351	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN			
1905 Memorial Drive		Ceres			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN		24. WAS DEATH REPORTED TO CORONER?	
(A) BRONCHOPNEUMONIA				YES	
(B) EMPHASEMA OF LUNGS				25. WAS BIOPSY PERFORMED?	
(C)				NO	
26. TYPE PHYSICIAN'S NAME AND ADDRESS		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. DATE SIGNED	
WITH METASTASIS		NO		28D. PHYSICIAN'S LICENSE NUMBER	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28E. TYPE PHYSICIAN'S NAME AND ADDRESS		28F. HOUR	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. CORONER—SIGNATURE AND DEGREE OR TITLE	
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	
Burial		August 31, 1988		Ceres Cemetery Ass'n., Ceres, CA	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
Franklin & Downs Funeral Home		1259		Willard E. Forney, M.D.	
STATE REGISTRAR		A.		B.	
VS-1117-85		C.		D.	

I CERTIFY THIS INSTRUMENT TO BE A TRUE
CERTIFIED COPY OF THE RECORD IN THIS
OFFICE.

ATTEST: AUG 30-1988

After Recording return to:
Mollie W. Brinks
900 Bewley Av.
Modesto, Ca. 95351

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 9th day
of March A.D., 19 90 at 3:58 o'clock P.M., and duly recorded in Vol. M90
of Deeds on Page 4521

Evelyn Biehn County Clerk
By *[Signature]*

FEE \$8.00

