

CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY

3-90-61 000031

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN) Duncan		1B. MIDDLE Troxler		1C. LAST (FAMILY) Joseph		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 3-90-61 000031	
4. RACE Black American		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO, DAY, YR July 1, 1925		7. AGE IN YEARS 64		2A. DATE OF DEATH—MO, DAY, YR January 15, 1990	
8. STATE OF BIRTH LA		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Louis Joseph		10B. STATE OF BIRTH LA		11A. FULL MAIDEN NAME OF MOTHER Ruth Troxler	
12. MILITARY SERVICE? 19 44 TO 19 46 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 433-24-5943		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Annabelle Lorio		11B. STATE OF BIRTH LA	
16A. USUAL OCCUPATION Electric Welder		16B. USUAL KIND OF BUSINESS OR INDUSTRY U.S. Government		16C. USUAL EMPLOYER Hunter's Point Naval Shipyard		16D. YEARS IN OCCUPATION 30		17. EDUCATION—YEARS COMPLETED 12	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2451 Ivy Dr. #1		18B. CITY Oakland		18C. ZIP CODE 94606		18D. COUNTY Alameda		18E. NUMBER OF YEARS IN THIS COUNTY 43	
18F. STATE OR FOREIGN COUNTRY CA		19A. PLACE OF DEATH Alta Bates Hospital		19B. IF HOSPITAL, SPECIFY ONE I.P. OR O.P. DOA IP		19C. COUNTY Alameda		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mrs. Annabelle Joseph - Wife 2451 Ivy Drive #1 Oakland, CA 94606	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 3001 Colby St.		19E. CITY Berkeley		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Cardiac failure DUE TO (B) Cardiomyopathy DUE TO (C) Coronary artery heart disease		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Diabetes mellitus		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. No		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN Norman Cohen		27C. PHYSICIAN'S LICENSE NUMBER G 9515		27D. DATE SIGNED 1-17-90	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 5-1-87		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Norman Cohen, MD, 2999 Regent St., Berkeley, CA 94705		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Camille Hwang		28B. DATE SIGNED JAN 19 1990		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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34A. DISPOSITION(S) BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Sunset View Cemetery 101 Colusa Ave., El Cerrito, CA		34C. DATE MO, DAY, YEAR 1-19-90		35A. SIGNATURE OF EMBALMER Rose L. Jones	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) C.P. Bannon Mortuary, Inc.		36B. LICENSE NO. 247		37. SIGNATURE OF LOCAL REGISTRAR Camille Hwang		38. REGISTRATION DATE JAN 18 1990		35B. LICENSE NUMBER 5365	

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THE CITY OF BERKELEY DEPARTMENT OF PUBLIC HEALTH, BERKELEY, CALIFORNIA.

Camille Hwang
HEALTH OFFICER
By *Carol Troxler*
Deputy
JAN 19 1990

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Professional Land Service the 26th day of March A.D., 19 90 at 2:26 o'clock P.M., and duly recorded in Vol. M90 of Deeds on Page 5478.

FEE \$8.00

Return: Professional Land Service

405 Alberto Way #C, Los Gatos, Ca. 95032

Evelyn Biehn County Clerk

By *Douglas Miller*