

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

3-90-61 000031

STATE FILE NUMBER	1A. NAME OF DECEASED—FIRST (GIVEN) Duncan	1B. MIDDLE Troxler	1C. LAST (FAMILY) Joseph	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2A. DATE OF DEATH—MO, DAY, YR January 15, 1990		2B. HOUR 1527	3. SEX M	
DECEDENT PERSONAL DATA	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	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS	
	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 OF WIFE, ENTER MAIDEN NAME Annabelle Lorio				
	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			
USUAL RESIDENCE	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	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mrs. Annabelle Joseph - Wife 2451 Ivy Drive #1 Oakland, CA 94606				
PLACE OF DEATH	19A. PLACE OF DEATH Alta Bates Hospital	19B. IF HOSPITAL SPECIFY ONE, I.P. OR O.P. DOA IP	19C. COUNTY Alameda	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 3001 Colby St.	19E. CITY Berkeley	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	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	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	23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PHYSICIAN'S CERTIFICATION	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE(S) STATED.	27A. DECEASED ATTENDED SINCE 5-1-87	DECEASED LAST SEEN ALIVE 1-15-90	27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN <i>Norman Cohen</i>	27C. PHYSICIAN'S LICENSE NUMBER G 9515	27D. DATE SIGNED 1-17-90		
	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 <i>Carol Troxler</i>	28B. DATE SIGNED JAN 19 1990					
CORONER'S USE ONLY	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 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)						
FUNERAL DIRECTOR AND LOCAL REGISTRAR	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 <i>Rose L. Jones</i>	35B. LICENSE NUMBER 5365	38. REGISTRATION DATE JAN 18 1990		
	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) C.P. Bannon Mortuary, Inc.	36B. LICENSE NO. 247	37. SIGNATURE OF LOCAL REGISTRAR <i>Camille Harvey</i>					

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 Harvey
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*