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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

4300- 04985 381
STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Raymond	Azedo	Jimenez	July 27, 1984	1505

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Male	Wh/American	NO ☐ Yes	October 3, 1913	70 YEARS				

DECEDENT PERSONAL DATA

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
HI	Thomas Jimenez Spain	Ascension Azedo Spain

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	549-05-3573	Married	Margaret Galvin

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Maint. Supervisor	13 Yrs.	Cupertino School District	Education

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
1464 Miller Ave.	507903	San Jose

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Santa Clara	California	Margaret Jimenez (Wife) same as 19 A,C,D,E 95129

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	
Kaiser Permanente Medical Center	Santa Clara	
21C. STREET ADDRESS (STREET AND NUMBER OF LOCATION)	21D. CITY OR TOWN	
900 Kiely Blvd.	Santa Clara	

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (a) RESPIRATORY FAILURE

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (b) RENAL FAILURE

DUE TO, OR AS A CONSEQUENCE OF (c) ASPIRATION PNEUMONIA

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: A

24. WAS DEATH REFERRED TO CORONER? NO

25. WAS DISPOSITION PERFORMED? YES

26. WAS AUTOPSY PERFORMED? YES

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: RECENT INCARCERATED FEMORAL HERNIA

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Small bowel resection hernia repair DATE: 7/11/84

5530

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
I ATTENDED DECEDENT SINCE (ENTER NO. OF DAYS): 7/11/84
I LAST SAW DECEDENT ALIVE (ENTER NO. OF DAYS): 7/27/84

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Ray Falk MD

28C. DATE SIGNED: 7/30/84

28D. PHYSICIAN'S LICENSE NUMBER: G45179

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Larry Falk, M. D., 900 Kiely Blvd., Santa Clara

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH DAY YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I MADE (OR CAUSED) AN (INQUEST—INVEST.) ACTION.

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	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	July 31, 1984	Gate of Heaven Cemetery Los Altos, Ca.	#2756 Lloyd Cusimano

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) — 40B. LICENSE NO. — 40C. SIGNATURE

CUSIMANO FAMILY COLONIAL MORTUARY — #1041 — [signature]

42. DATE ACCEPTED BY LOCAL REGISTRAR: JUL 30 1984

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (6-83)

M90 5912

Return: Shartsis, Friese & Ginsburg
Eighteenth Floor
One Maritime Plaza
San Francisco, Ca. 94111

STATE OF CALIFORNIA } SS.
County of Santa Clara

LAURIE KANE, Recorder of the above entitled County, do hereby certify that the annexed is a full, true and correct copy of the original Death record in my office.

WITNESS my hand and Official Seal this 27th day of February, 1990

By Yvette Gleason Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 2nd day of April A.D., 19 90 at 12:16 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 5911.

FEE $13.00

Evelyn Biehn County Clerk
By Deputy