

16885

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3-89-01

007093

CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

2A. DATE OF DEATH—MO. DAY, YR. 1630 Male

October 8, 1989 1630 Male

11A. FULL MAIDEN NAME OF MOTHER

Elizabeth Gretz Illinois

15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)

Tillie Logan

16. YEARS IN OCCUPATION

17

17. EDUCATION—YEARS COMPLETED

16

18. ZIP CODE

94536

18B. CITY

Fremont

20. NAME, RELATIONSHIP, MAILING ADDRESS

James R. Goold - Son

HC 63 Box 592 A

Chiloquin, Oregon 97624

22. WAS DEATH REPORTED TO CORONER?

YES 89-1892 NO

23. WAS BIOPSY PERFORMED?

YES NO

24A. WAS AUTOPSY PERFORMED?

YES NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?

YES NO

28. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25?

NONE

27C. PHYSICIAN'S LICENSE NUMBER

A-30923 10-10-89

27D. DATE SIGNED

10-10-89

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS

Anmol S. Mahal, M.D., 2299 Mowry Ave., Suite 2A

Fremont, California 94538

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER

28B. DATE SIGNED

30B. INJURY AT WORK

30C. DATE OF INJURY

31. HOUR

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

34C. DATE

10/13/89

35A. SIGNATURE OF EMBALMER

Not Embalmed

35B. LICENSE NUMBER

38. REGISTRATION DATE

OCT 11 1989

39. CENSUS TRACT

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