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# COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

APR 19 1990

Vol. M90 Page 18498

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER: 49-003159

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

**DECEDENT PERSONAL DATA**

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2A. DATE OF DEATH—MONTH, DAY, YEAR | 2B. HOUR | 3. SEX |
|---|---|---|---|---|---|
| KENROD | CLIFTON | GULICK | December 12, 1989 | 0357 | M |

| 4. RACE | 5. SPANISH/HISPANIC | 6. DATE OF BIRTH—MONTH, DAY, YEAR | 7. AGE IN YEARS | IF UNDER 1 YEAR: MONTHS | DAYS | IF UNDER 24 HOURS: HOURS | MINUTES |
|---|---|---|---|---|---|---|---|
| White | ☐ YES ☒ NO Specify | June 5, 1904 | 85 | | | | |

| 8. STATE OF BIRTH | 9. CITIZEN OF WHAT COUNTRY | 10A. FULL NAME OF FATHER | 10B. STATE OF BIRTH | 11A. FULL MAIDEN NAME OF MOTHER | 11B. STATE OF BIRTH |
|---|---|---|---|---|---|
| Idaho | U.S.A. | James Gulick | Missouri | Nellie Miller | Kansas |

| 12. MILITARY SERVICE? | 13. SOCIAL SECURITY NUMBER | 14. MARITAL STATUS | 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) |
|---|---|---|---|
| 19 ___ TO 19 ___ ☒ NONE | 540-05-5287 | MRRD | Elizabeth J. Marsden |

| 16A. USUAL OCCUPATION | 16B. USUAL KIND OF BUSINESS OR INDUSTRY | 16C. USUAL EMPLOYER | 16D. YEARS IN USUAL OCCUPATION | 17. NUMBER OF HIGHEST GRADE COMPLETED (1–12 OR COLLEGE 13–17+) |
|---|---|---|---|---|
| Cattle Rancher | Agriculture | Self | 30 | 14 |

**USUAL RESIDENCE**

| 18A. RESIDENCE—STREET AND NUMBER OR LOCATION | 18B. CITY | 18C. ZIP CODE |
|---|---|---|
| 71 Raymond Heights | Petaluma | 94952 |

| 18D. COUNTY | 18E. NUMBER OF YEARS IN THIS COUNTY | 18F. STATE OR FOREIGN COUNTRY | 20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|---|
| Sonoma | 5 | California | Elizabeth J. Gulick - Spouse<br>71 Raymond Heights<br>Petaluma, California 94952 |

**PLACE OF DEATH**

| 19A. PLACE OF DEATH | 19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA | 19C. COUNTY | TIME INTERVAL BETWEEN ONSET AND DEATH | 22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER |
|---|---|---|---|---|
| Petaluma Valley Hospital | ER/OP | Sonoma | | ☒ YES 23145 ☐ NO |

| 19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION | 19E. CITY |
|---|---|
| 400 Mc Dowell Blvd. North | Petaluma |

**CAUSE OF DEATH**

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.—TYPE OR PRINT)

| | | TIME INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE | (A) Acute Myocardial Infarction | Few hrs |
| DUE TO | (B) Chronic Pleural-Pericarditis | Sev years |
| DUE TO | (C) | |

23. WAS SURGERY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: Chronic Liver Disease ETIOL Unknown

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? MONTH, DAY, YEAR ___ TYPE

**PHYSICIAN'S CERTIFICATION**

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

| 27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR | DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR | 27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN | 27C. PHYSICIAN'S LICENSE NUMBER | 27D. DATE SIGNED |
|---|---|---|---|---|
| 12-27-84 | 11-30-89 | Roy Musick M.D. | G 157230 | 12/12/89 |

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: ROY MUSICK, M.D. 104 Lynch Creek - Petaluma, Ca. 94954

**CORONER'S USE ONLY**

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE OF CORONER OR DEPUTY CORONER — 28B. DATE SIGNED

| 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 ☐ YES ☐ 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 | 34B. PLACE OF FINAL DISPOSITION | 34C. DATE OF DISPOSITION MONTH, DAY, YEAR | 35A. SIGNATURE OF EMBALMER | 35B. LICENSE NUMBER |
|---|---|---|---|---|
| BU | Cypress Hill Memorial Park<br>Petaluma, California 94952 | Dec. 14, 1989 | | 5345 |

| 36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | 36B. LICENSE NO. | 37. SIGNATURE OF LOCAL REGISTRAR | 38. REGISTRATION DATE |
|---|---|---|---|
| PARENT-SORENSEN MORTUARY | F-12 | George R Flores MD | Dec. 13, 1989 |

**STATE REGISTRAR**

| A. | B. | C. | D. | E. | F. | CENSUS TRACT |
|---|---|---|---|---|---|---|
| | | | | | | |

VS-11 (REV. 1-89)

MAKE CERTIFIED COPIES OF THIS CERTIFICATE FOR ALL PURPOSES

030270

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SONOMA } ss

DATE ISSUED DEC 22 1989

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Sonoma County Public Health Department.

George R Flores MD

LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Barry D. Parkinson the 14th day of Sept. A.D., 19 90 at 12:38 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 18498.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $8.00

Return: Barry D. Parkinson
P.O. Box 869, Petaluma, Ca. 94953