

22115

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90 NOV 1 AM 11 39  
**CERTIFICATE OF DEATH**  
 STATE OF CALIFORNIA  
 USE BLACK INK ONLY

39045001050

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN) <b>GEORGE</b>		1B. MIDDLE <b>WILLIAM</b>		1C. LAST (FAMILY) <b>ROSE</b>		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER <b>September 23, 1990 0046</b>		3. SEX <b>M</b>	
4. RACE <b>Cauc.</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO, DAY, YR <b>Oct. 15, 1922</b>		7. AGE IN YEARS <b>67</b>		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES	
8. STATE OF BIRTH <b>CA</b>		9. CITIZEN OF WHAT COUNTRY <b>USA</b>		10A. FULL NAME OF FATHER <b>William Rose</b>		10B. STATE OF BIRTH <b>Greece</b>		11A. FULL MAIDEN NAME OF MOTHER <b>Henrietta Grandemange</b>		11B. STATE OF BIRTH <b>Greece</b>	
12. MILITARY SERVICE? <b>42 TO 46</b> <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. <b>556 26 5288</b>		14. MARITAL STATUS <b>Married</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Natalina Alfonsi</b>					
16A. USUAL OCCUPATION <b>Warehouseman</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Tire Mfg.</b>		16C. USUAL EMPLOYER <b>Uniroyal</b>		16D. YEARS IN OCCUPATION <b>24</b>		17. EDUCATION—YEARS COMPLETED <b>12</b>			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>18575 Phyllis Road</b>		18B. CITY <b>Cottonwood</b>		18C. ZIP CODE <b>96022</b>							
18D. COUNTY <b>Tehama</b>		18E. NUMBER OF YEARS IN THIS COUNTY <b>70</b>		18F. STATE OR FOREIGN COUNTRY <b>California</b>							
19A. PLACE OF DEATH <b>Mercy Medical Center</b>		19B. IF HOSPITAL, SPECIFY ONE: ID, ER/OP, DOA <b>ID</b>		19C. COUNTY <b>Shasta</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Madeline Rose - Wife 18575 Phyllis Road Cottonwood, Ca. 96022</b>					
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>Clairmont Heights</b>		19E. CITY <b>Redding</b>									
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <b>Exsanguination</b> <b>6 days</b>		DUE TO (B) <b>Aorta-intestinal fistula</b> <b>12 hrs</b>		DUE TO (C) <b>Aortic aneurysm</b> <b>10 months</b>		22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>190-628</b>		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>Previous aorta-duodenal fistula</b>		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE <b>repair of fistula 8-12-89 9-22-90</b>		27. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>Morris R. Ballard, M.D., 1760 Gold St., Redding, CA</b>		27A. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <b>[Signature]</b>		27B. CERTIFIER'S LICENSE NUMBER <b>G17510</b>	
27C. DATE SIGNED <b>9/24/90</b>		28. DATE SIGNED									
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined: <b>29-2-82 9-23-90</b>		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) <b>CR/SEA</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Monterey Bay, Monterey Co., California</b>		34C. DATE MO, DAY, YEAR <b>9/25/90</b>		35A. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		35B. LICENSE NUMBER			
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Allen &amp; Dahl Funeral Chapel</b>		36B. LICENSE NO. <b>F 516</b>		37. SIGNATURE OF LOCAL REGISTRAR <b>Stephen J. Plank, M.D., Dr.P.H.</b>		38. REGISTRATION DATE <b>SEP 25 1990</b>		39. CENSUS TRACT			

**CERTIFICATION STATEMENT**

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above-named decedent as registered in this office.

DATED: OCT 30 1990

*Stephen J. Plank*  
 Stephen J. Plank, M.D., Dr.P.H.  
 Registrar of Vital Statistics  
 Shasta County Health Department  
 2650 Breslauer Way  
 Redding, CA 96001

**VITALS STATEMENT MUST SHOW EMBOSSEMENT OF COUNTY SEAL**

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Madeline Rose the 1st day of Nov. A.D., 19 90 at 11:39 o'clock A.M., and duly recorded in Vol. M90 of Deeds on Page 21937

FEE \$8.00

Evelyn Biehn County Clerk

Return: Madeline Rose

By Pauline Mullins

18575 Phyllis Rd., Cottonwood, Ca. 96022