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ASPEN 91330
CERTIFICATE OF DEATH
STATE OF CALIFORNIA

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE

THEODORE D. HIATT, M.D.
 MARIN COUNTY HEALTH OFFICER

HEALTH AND HUMAN SERVICES DEPARTMENT
 CIVIC CENTER, ROOM 280
 SAN RAFAEL, CALIFORNIA 94903

BY: *Lou Joague 5/30/85*
 DEPUTY REGISTRAR OF VITAL STATISTICS

CERTIFICATION FEE: \$4.00

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST CHARLES	1B. MIDDLE WILLIAM	1C. LAST RUTLAND	2A. DATE OF DEATH (MONTH, DAY, YEAR) May 24, 1985
3. SEX Male	4. RACE/ETHNICITY White	5. SPANISH/HISPANIC <input type="checkbox"/>	6. DATE OF BIRTH Oct. 23, 1918
7. AGE 66	8. IF UNDER 1 YEAR MONTHS 66	9. IF UNDER 24 HOURS HOURS 16	10. IF UNDER 60 MINUTES MINUTES 15
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) California		9. NAME AND BIRTHPLACE OF FATHER Charles Rutland California	
11A. CITIZEN OF WHAT COUNTRY U.S.A.		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19__ TO 19__	
12. SOCIAL SECURITY NUMBER 550-22-0745		13. MARITAL STATUS Married	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Beatrice M. Beers		15. KIND OF INDUSTRY OR BUSINESS Masonic Lodge	
16. PRIMARY OCCUPATION Accountant		17. NUMBER OF YEARS THIS OCCUPATION 25	
18. EMPLOYER OF SELF-EMPLOYED, SO (STATE) Calif. Bodies Scottish		19. CITY OR TOWN San Rafael	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 82 Marina Ct.		19B. COUNTY Marin	
19C. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mrs. Beatrice Rutland (wife) 82 Marina Ct. San Rafael, California	
21A. PLACE OF DEATH Kaiser Permanente Hospital		21B. COUNTY Marin	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 99 Montecillo Rd.		21D. CITY OR TOWN San Rafael	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (A) Massive hemorrhage 12 hours DUE TO, OR AS A CONSEQUENCE OF (B) Entero-aortic fistula 12 hours DUE TO, OR AS A CONSEQUENCE OF (C) Abdominal aortic aneurysm 10-15 yrs. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24. WAS DEATH REPORTED TO CORONER? Yes 25. WAS BIOPSY PERFORMED? No 26. WAS AUTOPSY PERFORMED? Yes			
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION Repair abdominal aortic aneurysm 8/10 28. DATE SIGNED 5/28/85 29. PHYSICIAN'S LICENSE NUMBER 603105			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Patricia Bell MD	
28C. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 11/6/75		28D. I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 5/24/85	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS PATRICIA BELL 99 Montecillo Rd., San Rafael, CA		28F. DATE OF INJURY—MONTH, DAY, YEAR 5/24/85	
29. SPECIFY ACCIDENT, SUICIDE, ETC. Accident		30. PLACE OF INJURY 82 Marina Ct.	
31. INJURY AT WORK No		32. DATE OF INJURY—MONTH, DAY, YEAR 5/24/85	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 82 Marina Ct. San Rafael, CA		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) While driving	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN INQUEST-INVESTIGATION		35B. CORONER—SIGNATURE AND DEGREE OR TITLE Patricia Bell MD	
35C. DATE SIGNED 5/28/85		35D. DATE SIGNED 5/28/85	
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR May 29, 1985	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Valley Mem. Pk. Novato, Ca.		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 7496 [Signature]	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Keatons Mortuary		40B. LICENSE NO. #6	
41. LOCAL REGISTRAR—SIGNATURE [Signature]		42. DATE ACCEPTED BY LOCAL REGISTRAR MAY 28 1985	
STATE REGISTRAR	A.	B.	C.
	D.	E.	F.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 31st day of Jan. A.D., 19 91 at 3:41 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 1981.

FEE \$8.00

Evelyn Biehn, County Clerk

By [Signature]

Return: ATC