30884

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

Vol. M91 Page 11753

STATE FILE NUMBER: 1-91-44-000180

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR.	2B. HOUR	3. SEX
James	Dennis	Finley	FEB 12, 1991	1400	M

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR.	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Wht	☐ YES ☒ NO	MAR 19, 1941	49				

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
CA	USA	John Finley	CA	Dorothy Watson	CA

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	567-54-8115	Married	Linda Samuelsen

USUAL RESIDENCE

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Model Maker	Computer Tech	Seagate Corp	7	14

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
130 Madrona Rd	Boulder Creek	95006

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY
Santa Cruz	20	CA

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Dominican Hospital	IP	Santa Cruz

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
1555 Soquel Dr	Santa Cruz

20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: Linda Finley, Wife, PO Box 921, Boulder Creek, CA 95006

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) lung cancer	9 m D
DUE TO	(B)	
DUE TO	(C)	

22. WAS DEATH REPORTED TO CORONER? ☐ YES ☒ NO (REFERRAL NUMBER)

23. WAS BIOPSY PERFORMED? ☒ YES ☐ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. 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

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE: Resection of cervical tumor 5/90

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER: /s/

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
01-09-91	02-08-91	G41434	2/13/91

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Talisman Pomeroy, 700 Frederick St, Santa Cruz, CA

CORONER'S USE ONLY

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

28A. SIGNATURE AND TITLE 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(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
CR/SEA	3 mi's off Lighthouse Point City & County, Santa Cruz, CA	2/13/91	Not Embalmed	None

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
NORMAN'S FAMILY CHAPEL	1299	/s/ Ira Lubell M.D. Dolores Tate	FEB 13 1991

CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

/s/ Ira Lubell M.D. Dolores Tate — SIGNATURE OF CERTIFYING OFFICIAL

Health Officer/ Local Registrar — OFFICIAL TITLE

County of Santa Cruz — PLACE OF CERTIFICATION

FEB 22 1991 — DATE OF CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

(REV. 11-1-70) FORM VS-199
60889-480 8-72 30M ① OSP

HEALTH SERVICES AGENCY

THE GREAT SEAL OF THE STATE OF CALIFORNIA 1850 SANTA CRUZ

LEGAL DOCUMENT
ONLY WITH COUNTY IMPRESS SEAL

-0.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Linda L. Finley the 19th day of June A.D., 19 91 at 2:31 o'clock P.M., and duly recorded in Vol. M91, of Deeds on Page 11753.

FEE $8.00

Return: Linda L. Finley
P.O. Box 921, Boulder Creek, Ca. 95006

Evelyn Biehn County Clerk
By Pauline Mulkendore