

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

3-90-41-001283

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) EDWARD		2A. DATE OF DEATH—MO. DAY, YR. March 21, 1990	
1B. MIDDLE CYRIL		2B. HOUR 1000	
1C. LAST (FAMILY) KASHACK		3. SEX M	
4. RACE White		5. DATE OF BIRTH—MO. DAY, YR. Oct. 26, 1928	
6. STATE OF BIRTH PA		7. AGE IN YEARS 61	
8. CITIZEN OF WHAT COUNTRY USA		8. IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES	
9. FULL NAME OF FATHER Michael Boran		10. STATE OF BIRTH PA	
10. FULL MAIDEN NAME OF MOTHER Helen Kashack		11. STATE OF BIRTH PA	
12. MILITARY SERVICE? 19 47 To 19 67 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 209-2076-88	
14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE OF WIFE, ENTER MAIDEN NAME Evelyn Pauline Olsen	
16A. USUAL OCCUPATION Warehouseman		16B. USUAL KIND OF BUSINESS OR INDUSTRY U.S. Govt.	
16C. USUAL EMPLOYER U.S. Navy		16D. YEARS IN OCCUPATION 15	
16E. EDUCATION—YEARS COMPLETED 12		17. CITY Pacifica	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 631 Edgemar Avenue		18B. ZIP CODE 94044	
18C. COUNTY San Mateo		18D. STATE OR FOREIGN COUNTRY CA	
18E. NUMBER OF YEARS IN THIS COUNTY 22		18F. USUAL PLACE OF DEATH Residence	
18G. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA San Mateo		18H. STREET ADDRESS—STREET AND NUMBER OR LOCATION 631 Edgemar Avenue	
18I. CITY Pacifica		18J. TIME INTERVAL BETWEEN ONSET AND DEATH 10 mins	
18K. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Cardiorespiratory arrest		18L. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
18M. DUE TO (B) Hepatoma		18N. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
18O. DUE TO (C) Cirrhosis		18P. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
18Q. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18R. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
18S. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25?		18T. IF YES, LIST TYPE OF OPERATION AND DATE.	
19. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		20. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN [Signature]	
21. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR		22. PHYSICIAN'S LICENSE NUMBER 278190	
23. DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR		24. DATE SIGNED 2/28/90	
25. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		26. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER [Signature] Coroner	
27. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined Natural		28. DATE SIGNED 2/28/90	
29. PLACE OF INJURY Golden Gate Nat'l Cemetery		29. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) Chapel by the Sea		30. DATE OF INJURY 03/26/90	
31. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		31. HOUR 11:24	
32. DISPOSITION(S) CR/BU		32. SIGNATURE OF EMBALMER Denise Dacanay	
33. PLACE OF FINAL DEPOSITION—NAME AND ADDRESS Golden Gate Nat'l Cemetery		33. LICENSE NUMBER 7182	
34. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH Chapel by the Sea		34. SIGNATURE OF LOCAL REGISTRAR Bradley P. Gilbert M.D.	
35. LICENSE NO. 982		35. REGISTRATION DATE 3-26-90	
36. STATE REGISTRAR A. B. C. D.		36. CENSUS TRACT 60290	

SAN MATEO COUNTY
DEPARTMENT OF HEALTH SERVICESVITAL STATISTICS SECTION
225 - 37TH AVENUE
SAN MATEO, CALIFORNIA 94403THIS IS TO CERTIFY THAT, IF BEARING THE RAISED
DEPARTMENT SEAL,
THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.WILLIAM L. SISEMORE
Attorney at Law
540 Main Street
Klamath Falls, OR 97601Bradley P. Gilbert M.D.
HEALTH OFFICER AND REGISTRAR

DATE: March 29, 1990

91071465

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Wm. L. Sisemore the 15th day
of Aug. A.D., 19 91 at 11:24 o'clock A. M., and duly recorded in Vol. M91
of Deeds on Page 16168Evelyn Biehn County Clerk
By [Signature]

FEE \$8.00