

34307

'91 SEP 10 AM 10 28

Vol. 91 Page 17976

CERTIFICATE OF DEATH STATE OF CALIFORNIA

1118 PAGE 549

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST RUTH		1B. MIDDLE ER. KA	
1C. LAST BURROWS		1D. DATE OF DEATH (MONTH, DAY, YEAR) August 3, 1983	
1E. SEX Female		1F. RACE/ETHNICITY Cauc/American	
1G. DATE OF BIRTH October 16, 1921		1H. AGE 61	
1I. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Germany		1J. NAME AND BIRTHPLACE OF FATHER Max Alnode - Germany	
1K. CITIZEN OF WHAT COUNTRY U.S.A.		1L. SOCIAL SECURITY NUMBER 429-64-3267	
1M. MARITAL STATUS Married		1N. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Richard Burrows	
1O. PRIMARY OCCUPATION Housewife		1P. NUMBER OF YEARS THIS OCCUPATION 30	
1Q. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self-employed		1R. KIND OF INDUSTRY OR BUSINESS Homemaker	
1S. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1937 Yosemite Drive		1T. CITY OR TOWN Milpitas	
1U. COUNTY Santa Clara		1V. STATE CA	
1W. PLACE OF DEATH Alexian Brothers Hospital		1X. COUNTY Santa Clara	
1Y. STREET ADDRESS (STREET AND NUMBER OF LOCATION) 225 N. Jackson Ave.		1Z. CITY OR TOWN San Jose	
2A. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <u>CARDIOGENIC SHOCK</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (B) <u>ACUTE MYOCARDIAL INFARCTION</u> (C) <u>CORONARY ARTERY DISEASE</u>		2B. WAS DEATH REPORTED TO CORONER NO	
2C. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <u>ARTERIOSCLEROSIS OBLITERANS</u>		2D. WAS BIOPSY PERFORMED NO	
2E. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 8/1/83 8/4/83		2F. PHYSICIAN'S SIGNATURE AND ADDRESS OF OFFICE <u>Habib A. Tobbagi, M.D.</u> 25 N. 14th Street, San Jose, CA 95112	
2G. TYPE PHYSICIAN'S NAME AND ADDRESS Habib A. Tobbagi, M.D. 25 N. 14th Street, San Jose, CA 95112		2H. DATE OF INJURY—MONTH DAY YEAR 8/5/83	
2I. INJURY AT WORK NO		2J. HOUR A 30126	
2K. PLACE OF INJURY		2L. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
2M. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		2N. CORONER'S SIGNATURE AND ADDRESS OF TITLE	
2O. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN INQUIRY-INVESTIGATION		2P. CORONER'S SIGNATURE	
2Q. NAME AND ADDRESS OF CEMETERY OR CREMATOR Cedar Lawn Memorial Park-Fremont, CA		2R. EMBLISHED unembled	
2S. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lima Family Milpitas-Fremont		2T. LICENSE NO. F 1262	
2U. STATE REGISTRAR A.		2V. DATE AUG 5 1983	

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of R. F. Burrows the 10th day
of Sept. A.D. 1991 at 10:28 o'clock A M., and duly recorded in Vol. M91
of Deeds on Page 7976

Evelyn Biehn County Clerk
By Carol M. Mendenhall

FEE \$8.00

Return: R.F. Burrows
1358 Yosemite Dr., Milpitas, Ca. 95035

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE
BY: Carol M. Mendenhall
DEPUTY REGISTRAR OF VITAL STATISTICS
SANTA CLARA COUNTY HEALTH DEPARTMENT
SAN JOSE, CALIFORNIA
August 5, 1983
CERTIFICATION FEE: \$4.00