CERTIFICATION OF VITAL RECORD

37963

STANISLAUS COUNTY
DEPARTMENT OF PUBLIC HEALTH

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER: 3 90 50 002451

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN): VIOLA
1B. MIDDLE: VIOLET
1C. LAST (FAMILY): HARNEY
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER
4. RACE: White
5. HISPANIC—SPECIFY: ☐ YES ☒ NO
2A. DATE OF DEATH—MO. DAY, YR: November 7, 1990
2B. HOUR: 0124
3. SEX: Fema
6. DATE OF BIRTH—MO. DAY, YR: March 3, 1923
7. AGE IN YEARS: 67
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. STATE OF BIRTH: OR
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10A. FULL NAME OF FATHER: Al Shough
10B. STATE OF BIRTH: OR
11A. FULL MAIDEN NAME OF MOTHER: Nettie Shadley
11B. STATE OF BIRTH: CA
12. MILITARY SERVICE? 19 ___ TO 19 ___ ☒ NONE
13. SOCIAL SECURITY NO.: 533-22-7124
14. MARITAL STATUS: Married
15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME: Thomas W. Harney
16A. USUAL OCCUPATION: Nurse
16B. USUAL KIND OF BUSINESS OR INDUSTRY: Nursing
16C. USUAL EMPLOYER: Self
16D. YEARS IN OCCUPATION: 40
17. EDUCATION—YEARS COMPLETED: 14

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 850 Chestnut St.
18B. CITY: Turlock
18C. ZIP CODE: 95380
18D. COUNTY: Stanislaus
18E. NUMBER OF YEARS IN THIS COUNTY: 18
18F. STATE OR FOREIGN COUNTRY: California
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: Thomas W. Harney - Husband 850 Chestnut St. Turlock, Calif. 95380

PLACE OF DEATH

19A. PLACE OF DEATH: Memorial Hospital North
19B. IF HOSPITAL SPECIFY ONLY ER/OP, DOA, OR INPT: ER
19C. COUNTY: Stanislaus
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 1700 Coffee Road
19E. CITY: Modesto

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A): Cardiopulmonary arrest — TIME INTERVAL BETWEEN ONSET AND DEATH: min.
DUE TO (B): Metastatic bladder cancer — TIME INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs
DUE TO (C): ___
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: none
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

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.
27A. DECEDENT ATTENDED SINCE (MONTH, DAY, YEAR): 05/25/90
DECEDENT LAST SEEN ALIVE (MONTH, DAY, YEAR): 11/06/90
27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER: [signature] MD
27C. CERTIFIER'S LICENSE NUMBER: C39275
27D. DATE SIGNED: 11/07/90
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Robert L Levy, MD, 1400 Florida #105, Modesto, Ca
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE: Bladder tumor resection 2/7/89

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): TR/BU
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: Odd Fellows Cemetery The Dalles, Oregon 97058
34C. DATE MO. DAY, YEAR: Nov.9, 90
35A. SIGNATURE OF EMBALMER: Alan D. McClung
35B. LICENSE NUMBER: 7667
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Allen Mortuary, Turlock, Ca.
36B. LICENSE NO.: 432
37. SIGNATURE OF LOCAL REGISTRAR: [signature] E. Anderson for W. E. Forney M.D.
38. REGISTRATION DATE: NOV 08 1990

STATE REGISTRAR

A. ___ B. ___ C. ___ D. ___ E. ___
CENSUS TRACT

035717

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Public Health.

Jean M Woo MD
LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED: AUG 20 1991

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mrs. Chas. Harding the 27th day of Nov. A.D., 1991 at 12:03 o'clock P M., and duly recorded in Vol. M91 of Deeds on Page 24916.

FEE $8.00
Return: Mrs. Chas. Harding
2305 W. 13th, The Dalles, Or. 97058

Evelyn Biehn, County Clerk
By Pauline Mullenstare