

39884

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

Vol. M92 Page 988

3-92-28

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Kenneth		1B. MIDDLE LaVerne	
1C. LAST (FAMILY) Brenner		2A. DATE OF DEATH—MO, DAY, YR Jan. 8, 1992	
4. RACE White		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. STATE OF BIRTH CO		7. AGE IN YEARS 69	
8. CITIZEN OF WHAT COUNTRY USA		9. DATE OF BIRTH—MO, DAY, YR Feb. 21, 1922	
10A. FULL NAME OF FATHER Homer Brenner		10B. STATE OF BIRTH OR	
11A. FULL MAIDEN NAME OF MOTHER Winnifred Clark		11B. STATE OF BIRTH OK	
12. MILITARY SERVICE? 19 ___ To 19 ___ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 536-18-8043	
14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Thora James	
16A. USUAL OCCUPATION Stone Mason		16B. USUAL KIND OF BUSINESS OR INDUSTRY Masonry	
16C. USUAL EMPLOYER Self		16D. YEARS IN OCCUPATION 40	
16E. EDUCATION—YEARS COMPLETED 12		16F. ZIP CODE 95252	
17A. RESIDENCE—STREET AND NUMBER OR LOCATION 5691 Messing Road		17B. CITY Valley Springs	
17C. COUNTY Calaveras		17D. STATE OR FOREIGN COUNTRY California	
17E. NUMBER OF YEARS IN THIS COUNTY 2		17F. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Thora Brenner-Wife	
17G. PLACE OF DEATH St. Helena Hospital		17H. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP	
17I. CITY Napa		17J. STREET ADDRESS—STREET AND NUMBER OR LOCATION 650 Sanitarium Drive	
17K. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) DEMENTIA		17L. TIME INTERVAL BETWEEN ONSET AND DEATH 9 Mo.	
17M. DUE TO (B)		17N. DUE TO (C)	
17O. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		17P. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NO	
17Q. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		17R. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN Dean Jennings M.D.	
17S. DECEDENT ATTENDED SINCE MONTH/DAY, YEAR 12/23/91		17T. DECEDENT LAST SEEN ALIVE MONTH/DAY, YEAR 1/8/92	
17U. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Box 400 Deer Park, CA. 94576		17V. PHYSICIAN'S LICENSE NUMBER 20599	
17W. DATE SIGNED 1/8/92		17X. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	
17Y. DATE SIGNED		17Z. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	
17AA. PLACE OF INJURY		17AB. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17AC. DATE OF INJURY MONTH, DAY, YEAR		17AD. HOUR	
17AE. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		17AF. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
17AG. DATE, MO, DAY, YEAR 1/10/1992		17AH. SIGNATURE OF EMBALMER Not Embalmed	
17AI. LICENSE NUMBER		17AJ. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) San Andreas Mem'l Chapel	
17AK. LICENSE NO. 742		17AL. SIGNATURE OF LOCAL REGISTRAR [Signature]	
17AM. REGISTRATION DATE Jan. 10, 1992		17AN. CENSUS TRACT	

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

January 13, 1992

This is a true copy of the certificate on file in my office.

[Signature]

REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Thora A. Brenner the 16th day of Jan. A.D., 19 92 at 11:45 o'clock A. M., and duly recorded in Vol. M92 of Deeds on Page 988.

Evelyn Biehn - County Clerk

By [Signature]

FEE \$8.00

Return: Thora A. Brenner
5691 Messing Rd., Valley Springs, Ca. 95252

92 JAN 16 AM 11 45