CERTIFICATION OF VITAL RECORD

COUNTY OF SAN JOAQUIN

STOCKTON, CALIFORNIA

45448

Volume 92 Page 11586

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER 3900-2689

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
DEWEY	A.	BUTLER

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
November 4, 1985	0745

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
Male	White	NO [X]	December 20, 1903

7. AGE	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
81 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Tennessee	David Crocket Butler - Tennessee	Julia Williams - Tennessee

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE OR WIFE, ENTER BIRTH NAME
U.S.A.	19 -- TO 19 --	557-58-2215	Married	Pearl A. Anderson

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER OR SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Chiropractor	40 years	Self Employed	Chiropractic Medicine

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
5445 W. Ripon	5106-42	Manteca

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Joaquin	California	Pearl A. Butler - Wife 5445 W. Ripon Manteca, California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
Arbor Conv. Hospital	San Joaquin	900 North Church	Lodi

CAUSE OF DEATH

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

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

(A) [illegible] DUE TO, OR AS A CONSEQUENCE OF

(B) DUE TO, OR AS A CONSEQUENCE OF

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days

24. WAS DEATH REPORTED TO CORONER? NO

25. WAS BIOPSY PERFORMED? NO

26. WAS AUTOPSY PERFORMED? NO

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: [illegible]

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: NO — DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED

LAST ATTENDED DECEDENT SINCE (MO. DA. YR.)	LAST SAW DECEDENT ALIVE (MO. DA. YR.)
9/31/84	11/3/85

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: [illegible] M.D.

28C. DATE SIGNED: 11/4/85

28D. PHYSICIAN'S LICENSE NUMBER: G22382

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Tomio Adama, M.D., 1117 West Tokay St., Lodi, California

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC. | 30. PLACE OF INJURY | 31. INJURY AT WORK | 32A. DATE OF INJURY—MONTH, DAY, YEAR | 32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION) | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE | 35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. [illegible] SIGNATURE
Burial	11/7/85	Sunset View Cemetery, Berkeley, Calif.	6515 Michael P. Klinger

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Sunset View Cemetery Ass'n.	F-1079	[illegible] M.D.	NOV 05 1985

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (1-85)

005108

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN JOAQUIN } ss

DATE ISSUED JAN 22 1992

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Joaquin County Recorder.

James M. Johnstone

JAMES M. JOHNSTONE, Recorder
SAN JOAQUIN COUNTY, CALIFORNIA

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 Chas. Butler the 29th day of May A.D., 19 92 at 9:24 o'clock A M., and duly recorded in Vol. M92 of Deeds on Page 11586.

Evelyn Biehn, County Clerk

By [illegible]

FEE $10.00

Return: Chas. Butler
P.O. Box 493, Arnold, Ca. 95223