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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 38807003784
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
DONAVAN	DWRIGHT	SPEER

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Sept. 2, 1988	1816

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
Male	White	NO [X]	May 28, 1919

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

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
IA	Chester Evans Speer: IA	Pearl Davidson: IA

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 (IF WIFE, ENTER BIRTH NAME)
U.S.A.	19 ---- TO 19 ----	526-24-1039	Married	Kirsten P. Nelson

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Driving Instructor	25	Don's Driving School	Driving Instructing

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
514 "L" Street	30 00.00	Antioch

19D. COUNTY	19E. STATE
Contra Costa	CA

217/426

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Delta Memorial Hospital	Contra Costa

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
3901 Lone Tree Way	Antioch

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Kirsten Speer: Wife
514 "L" Street
Antioch, CA 94509

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.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Respiratory Failure	minutes
DUE TO, OR AS A CONSEQUENCE OF (B)	Congestive Heart Failure	mos
DUE TO, OR AS A CONSEQUENCE OF (C)	Lev bio myopathy	yrs

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION / DATE

PHYSICIAN'S CERTIFICATION

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

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)
unknown	unknown

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Louis A. Enrique MD
28C. DATE SIGNED: 9.6.88
28D. PHYSICIAN'S LICENSE NUMBER: G50869
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Dr. Louis Enrique, M.D., 3737 Lone Tree Way, #B, Antioch, CA. 94509

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. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	Sept. 6, 1988	Rolling Hills Crematory, Richmond, CA	Not Embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Higgins Funeral Home, Inc.	425	Wanda D. Brunner	SEP 06 1988

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (1-85)

12060

THIS FORM MUST BE COMPLETED IN BLACK INK 2

AMENDMENT OF MEDICAL AND HEALTH SECTION DATA

(INSTRUCTIONS ON REVERSE)

88-122594 (STATE CERTIFICATE NUMBER) | ☒ DEATH ☐ FETAL DEATH ☐ BIRTH | 38807003784 (LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER)

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
DONAVAN	DWRIGHT	SPEER

2. PLACE OF OCCURRENCE—CITY OR COUNTY		3. DATE OF EVENT	4. DATE ORIGINAL FILED
Antioch	Contra Costa (2 of 2)	Sept. 2, 1988	Sep 06 1988

22/13

STATEMENT OF AMENDMENTS

5. ITEM NUMBER	6a. INFORMATION EXACTLY AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	6b. INFORMATION AS IT SHOULD BE STATED ON THE ORIGINAL CERTIFICATE
28A.	unknown unknown	8-25-88 9-2-88

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

7. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

8a. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER: Louis A. Surmura — 8b. DATE SIGNED: 2/13/89

9a. NAME OF CERTIFYING PHYSICIAN OR CORONER (PRINT OR TYPE): Louis Enrique — 9b. DEGREE OR TITLE: M.D.

9c. ADDRESS—STREET, CITY, STATE: 3737 Lone Tree Way, #B, Antioch, CA 94509

REGISTRAR'S OFFICE

10a. OFFICE OF STATE OR LOCAL REGISTRAR: OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS — 10b. DATE ACCEPTED: MAR 03 1989

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS — FORM VS-24A (REV. 10-78)

Return: Roger P. Cargile
P.O. Box 2561
Antioch, Ca. 94531

12061

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE VITAL STATISTICS RECORD ON FILE IN THIS OFFICE.

APR 15 1992

STEPHEN L. WEIR, COUNTY RECORDER
CONTRA COSTA COUNTY, CALIFORNIA
BY: _____ DEPUTY
BOOK 217 B.D. PAGE 426

See VOL 221 PG 3

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Roger Cargile the 4th day of June A.D., 19 92 at 9:29 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 12059.

Evelyn Biehn - County Clerk

FEE $15.00

By Darlene Nicholson