CERTIFICATION OF VITAL RECORD

K-43990

COUNTY OF VENTURA

VENTURA, CALIFORNIA

Vol. M92 Page 12853

46114

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 39056003445

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN): Rebecca
1B. MIDDLE: Ann
1C. LAST (FAMILY): Foster
2A. DATE OF DEATH—MO. DAY, YR: December 15, 1990
2B. HOUR: 0155
3. SEX: Female
4. RACE: White
5. SPANISH/HISPANIC—SPECIFY: ☐ YES ☒ NO
6. DATE OF BIRTH—MO. DAY, YR: January 15, 1959
7. AGE IN YEARS: 31
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. STATE OF BIRTH: KS
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10A. FULL NAME OF FATHER: Wallace Brooks
10B. STATE OF BIRTH: KS
11A. FULL MAIDEN NAME OF MOTHER: Katherine Fosket
11B. STATE OF BIRTH: KS
12. MILITARY SERVICE? 19 ___ TO 19 ___ ☒ NONE
13. SOCIAL SECURITY NO.: 556-15-3905
14. MARITAL STATUS: Married
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): William Foster
16A. USUAL OCCUPATION: Homemaker
16B. USUAL KIND OF BUSINESS OR INDUSTRY: Domestic
16C. USUAL EMPLOYER: Self
16D. YEARS IN OCCUPATION: 10
17. EDUCATION—YEARS COMPLETED: 12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 680 Stroube
18B. CITY: Oxnard
18C. ZIP CODE: 93033
18D. COUNTY: Ventura
18E. NUMBER OF YEARS IN THIS COUNTY: 10
18F. STATE OR FOREIGN COUNTRY: California
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: William Foster (Husband) 680 Stroube St. Oxnard, Ca. 93030

PLACE OF DEATH

19A. PLACE OF DEATH: RESIDENCE
19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA
19C. COUNTY: VENTURA
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 680 STROUBE
19E. CITY: OXNARD

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A): metastatic carcinoma cervix — TIME INTERVAL BETWEEN ONSET AND DEATH: 1 year
DUE TO (B):
DUE TO (C):
22. WAS DEATH REPORTED TO CORONER? ☒ YES 1868-90 ☐ NO
23. WAS BIOPSY PERFORMED? ☒ YES ☐ NO
24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO
24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: apnea
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE: RADICAL HYSTERECTOMY 2/29/88

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: 1/30/90
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR: 12/14/90
27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN: Rosemary McIntyre M.D.
27C. PHYSICIAN'S LICENSE NUMBER: G 35866
27D. DATE SIGNED: 12/17/90
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Rosemary McIntyre M.D. 500 Esplanade Dr. Oxnard, Ca. 93030

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): CR/BU
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: SIMI VALLEY CEMETERY SIMI VALLEY, CALIFORNIA
34C. DATE MO, DAY, YEAR: 12-19-1990
35A. SIGNATURE OF EMBALMER: NOT EMBALMED
35B. LICENSE NUMBER
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Reardon Simi Valley Mortuary
36B. LICENSE NO.: 1091
37. SIGNATURE OF LOCAL REGISTRAR: L E Dodds M.D. LB
38. REGISTRATION DATE: DEC 17 1990

STATE REGISTRAR

A. | B. | C. | D. | E. | F. | CENSUS TRACT

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

11 (REV. 3-89)

RETURN TO:
WILLIAM FOSTER
680 E. STROUBE
OXNARD, CA 93030

014777

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF VENTURA } SS

DATE ISSUED DEC 2 0 1990

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department.

L E Dodds M.D.
HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Return to
Klamath County Title Co.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 12th day of June A.D., 19 92 at 2:07 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 12853.

Evelyn Biehn, County Clerk
By Doreen Mulholland

FEE $10.00