

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

39134

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) DUANE		1B. MIDDLE Lee	1C. LAST (FAMILY) BILDERBACK
4. RACE White		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. March 21, 1935
8. STATE OF BIRTH KS		9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Howard Bilderback
12. MILITARY SERVICE? 19 53 to 19 57 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 506-36-9430	14. MARITAL STATUS Married
16A. USUAL OCCUPATION Engineer		16B. USUAL KIND OF BUSINESS OR INDUSTRY Auto Repair	16C. USUAL EMPLOYER State of Ca.
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 7227 Cobalt Way		18B. CITY Citrus Heights	18C. ZIP CODE 95621
19A. PLACE OF DEATH Methodist Hospital		19B. IF HOSPITAL, SPECIFY ONE: 19. ER/OP, DOA ER/OP	19C. COUNTY Sacramento
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 7500 Timberlake Way		19E. CITY Sacramento	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary C. Bilderback - Wife 8863 Greenback Lane #308 Orangevale, Ca. 95662
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) DROWNING (B) _____ (C) _____		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 91-3898 <input type="checkbox"/> NO	23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
24. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 ASCVD		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. No	
27A. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER [Signature]		27B. CERTIFIER'S LICENSE NUMBER	27C. DATE SIGNED
27D. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER [Signature] Deputy Coroner	
28B. DATE SIGNED 11/25/1991		29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined Accident	
30A. PLACE OF INJURY Sacramento River		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	30C. DATE OF INJURY 11/23/1991
30D. EST: 2200		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) Walnut Grove Marina, Walnut Grove		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) decedent fell into river at marina.	
34A. DISPOSITION(S) CR/RES		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS 7227 Cobalt Way Citrus Heights, Ca. 95621	34C. DATE 11-29-1991
34D. SIGNATURE OF EMBALMER Not Embalmed		34E. LICENSE NUMBER None	
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) EAST LAWN MORTUARY		35B. LICENSE NO. FD-1242	35C. SIGNATURE OF LOCAL REGISTRAR Beth A. Hinson, M.D.
35D. REGISTRATION DATE Nov 27 1991 DM		35E. CENSUS TRACT	

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE SACRAMENTO COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL STATISTICS SECTION, SACRAMENTO COUNTY DEPARTMENT OF HEALTH, SACRAMENTO, CALIFORNIA.

Beth A. Hinson, M.D.
Bonnie York

REGISTRAR

DEPUTY

DATE:

DEC 04 1991

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sam C. Traylor the 16th day of June A.D., 19 92 at 11:16 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 13159.

Evelyn Biehn, County Clerk

By [Signature]

FEE \$10.00

Return: Sam C. Traylor
1220 Melody Ln. #100, Roseville, Ca. 95678