CERTIFICATION OF VITAL RECORDS

'92 JUL 6 PM 2 53

COUNTY of SOLANO

HEALTH DEPARTMENT
355 TUOLUMNE ST.
VALLEJO, CALIFORNIA 94590

Vol M92 Page 14687

47084

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER — USE BLACK INK ONLY — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR.	2B. HOUR	3. SEX
KENNETH	PAUL	HAUSER	MAY 1, 1992	1945	MALE

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
CAUCASIAN	☐ YES ☒ NO	OCTOBER 17,1937	54		

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
NY	USA	RAYMOND JAMES	NY	HAZEL SOPHIA	NY

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 55 TO 19 77 ☐ NONE	081-28-5067	MARRIED	JANIE COBURN

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
MILITARY	DEFENSE	US GOVT.	22	12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
764 KIOWA DRIVE	SO. LAKE TAHOE	96155

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL DORADO	14	CA	JANIE HAUSER, WIFE 764 KIOWA DR. SO. LAKE TAHOE, CA. 96155

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
DAVID GRANT USAF MED CTR	IP	SOLANO

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
TRAVIS AIR FORCE BASE	FAIRFIELD

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) RESPIRATORY ARREST	1 MIN
DUE TO	(B) METASTATIC MALIGNANT MELANOMA	3 YRS
DUE TO	(C)	

22. WAS DEATH REPORTED TO CORONER? ☐ YES ☒ NO REFERRAL NUMBER

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: NONE

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE: NONE

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.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER: ▶ JMaher MD

27C. CERTIFIER'S LICENSE NUMBER:

27D. DATE SIGNED: May 4 92

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
MAY 1, 1992	MAY 1, 1992	WILLIAM S. MAHER, CAPT, USAF, MC DAVID GRANT USAF MEDICAL CENTER, TRAVIS AFB, CA 94535-5300

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)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
CR/RES	764 KIOWA DRIVE, SO. LAKE TAHOE, CA.	5-12-92	NOT EMBALMED	--

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
BRYAN-BRAKER FH, FAIRFIELD, CA	F 938	▶ Thomas Charron MD	MAY - 6 1992

STATE REGISTRAR

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

VS-11 (REV. 1-90) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

17462

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SOLANO } ss.

DATE ISSUED MAY - 6 1992

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY DEPARTMENT OF PUBLIC HEALTH, VALLEJO, CALIFORNIA.

Thomas L. Charron MD
THOMAS CHARRON M.D.
HEALTH OFFICER
AND LOCAL REGISTRAR

Return to: Janie M. Hauser, P O Box 11638
Tahoe Paradise, Ca 96155

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

SOLANO COUNTY DEPT. OF PUBLIC HEALTH

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Janie Hauser the 6th day of July A.D., 19 92 at 2:53 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 14687.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $10.00