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K-44513

CERTIFICATION OF VITAL RECORD

STANISLAUS COUNTY

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) <b>DEMA</b>		2A. DATE OF DEATH—MO. DAY, YR. <b>April 25, 1992</b>	
1B. MIDDLE <b>R.</b>		2B. HOUR <b>1525</b>	
1C. LAST (FAMILY) <b>GIBSON</b>		3. SEX <b>F</b>	
4. RACE <b>White</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. DATE OF BIRTH—MO. DAY, YR. <b>March 21, 1914</b>		7. AGE IN YEARS <b>78</b>	
8. STATE OF BIRTH <b>ARK</b>		9. CITIZEN OF WHAT COUNTRY <b>USA</b>	
10A. FULL NAME OF FATHER <b>Claude Goodman</b>		10B. STATE OF BIRTH <b>ARK</b>	
11A. FULL MAIDEN NAME OF MOTHER <b>Elizabeth Huddleston</b>		11B. STATE OF BIRTH <b>TX</b>	
12. MILITARY SERVICE? <b>19 TO 19 <input checked="" type="checkbox"/> NONE</b>		13. SOCIAL SECURITY NO. <b>444-36-5418</b>	
14. MARITAL STATUS <b>Widowed</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>None</b>	
16A. USUAL OCCUPATION <b>Home Maker</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
16C. USUAL EMPLOYER <b>Self</b>		16D. YEARS IN OCCUPATION <b>55</b>	
17. EDUCATION—YEARS COMPLETED <b>12</b>		18. CITY <b>Newman</b>	
18C. ZIP CODE <b>95360</b>		19. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>713 "R" Street</b>	
18D. COUNTY <b>Stanislaus</b>		18E. NUMBER OF YEARS IN THE COUNTY <b>15</b>	
18F. STATE OR FOREIGN COUNTRY <b>California</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>James G. Gibson - Son</b>	
19A. PLACE OF DEATH <b>Doctor's Medical Center</b>		19B. IF HOSPITAL, SPECIFY: ONE IF ER/OP, DOA <b>1P</b>	
19C. COUNTY <b>Stanislaus</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>20 San Joaquin Place</b>	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>1400 Florida Avenue</b>		19E. CITY <b>Modesto</b>	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <b>Cardiopulmonary arrest.</b>		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>Cardiac arrhythmia.</b>	
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>Laparotomy 7-9-91</b>		27. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>J. Chen, M.D. 1540 Florida Ave. Modesto, CA</b>	
28. DATE SIGNED <b>4-27-92</b>		29. MANNER OF DEATH—specify one, natural, accident, suicide, homicide, pending investigation or could not be determined. <b>CR/SEA</b>	
30A. PLACE OF INJURY <b>5 Miles West of San Francisco Bay</b>		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30C. DATE OF INJURY <b>4-30-92</b>		30D. HOUR <b>17th</b>	
31. HOUR <b>17th</b>		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) <b>San Francisco, CA.</b>	
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <b>No embalming</b>		34. DISPOSITION(S) <b>CR/SEA</b>	
35. SIGNATURE OF EMBALMER <b>No embalming</b>		36. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Hillview Funeral Chapel</b>	
36B. LICENSE NO. <b>507</b>		37. SIGNATURE OF LOCAL REGISTRAR <b>W.C. Forney, M.D.</b>	
38. REGISTRATION DATE <b>APR 27 1992</b>		39. CENSUS TRACT	

I CERTIFY THIS INSTRUMENT TO BE A TRUE CERTIFIED COPY OF THE RECORD IN THIS OFFICE  
DATE ISSUED: **APR 27 1992**

LOCAL REGISTRAR OF VITAL STATISTICS OF STANISLAUS COUNTY

AFTER RECORDING RETURN TO:  
JAMES G. GIBSON  
20 SAN JOAQUIN PLACE  
NOVATO, CA 94947

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 17th day of September A.D., 19 92 at 9:45 o'clock A M., and duly recorded in Vol. M92 of Deeds on Page 21206.

FEE \$10.00

Evelyn Biehn County Clerk  
By Deborah A. Hetch