MTC: 1396-0270 Vol m93 Page 6797

59413

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

- 1A. NAME OF DECEDENT—FIRST (GIVEN): JOHN
- 1B. MIDDLE: McINTYRE
- 1C. LAST (FAMILY): BEKINS
- 2A. DATE OF DEATH—MO, DAY, YR: FEBRUARY 21, 1993
- 2B. HOUR: 2040
- 3. SEX: Male
- 4. RACE: Caucasian
- 5. HISPANIC—SPECIFY: [ ] YES [X] NO
- 6. DATE OF BIRTH—MO, DAY, YR: May 6, 1953
- 7. AGE IN YEARS: 39 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HOURS: HOURS / MINUTES
- 8. STATE OF BIRTH: CA
- 9. CITIZEN OF WHAT COUNTRY: USA
- 10A. FULL NAME OF FATHER: Milo William Bekins, Jr.
- 10B. STATE OF BIRTH: CA
- 11A. FULL MAIDEN NAME OF MOTHER: Marjorie Faries
- 11B. STATE OF BIRTH: CA
- 12. MILITARY SERVICE? 19__ TO 19__ [X] NONE
- 13. SOCIAL SECURITY NO.: 552-80-2630
- 14. MARITAL STATUS: Married
- 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Kate Botieff Snyder
- 16A. USUAL OCCUPATION: Attorney
- 16B. USUAL KIND OF BUSINESS OR INDUSTRY: Law
- 16C. USUAL EMPLOYER: Sellar-Hazard-Kelly&Fitzgerald
- 16D. YEARS IN OCCUPATION: 9
- 17. EDUCATION—YEARS COMPLETED: 19

USUAL RESIDENCE

- 18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 215 Scofield Drive
- 18B. CITY: Moraga
- 18C. ZIP CODE: 94556
- 18D. COUNTY: Contra Costa
- 18E. NUMBER OF YEARS IN THIS COUNTY: 8
- 18F. STATE OR FOREIGN COUNTRY: CA
- 20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: Kate Bekins (wife) 215 Scofield Drive Moraga, CA 94556

PLACE OF DEATH

- 19A. PLACE OF DEATH: JOHN MUIR HOSPITAL
- 19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA: ER/OP
- 19C. COUNTY: CONTRA COSTA
- 19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 1601 YGNACIO VALLEY ROAD
- 19E. CITY: WALNUT CREEK

CAUSE OF DEATH

- 21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
  - IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC HEART DISEASE — TIME INTERVAL BETWEEN ONSET AND DEATH: YEARS
  - DUE TO (B)
  - DUE TO (C)
- 22. WAS DEATH REPORTED TO CORONER? [X] YES REFERRAL NUMBER 93-237 [ ] NO
- 23. WAS BIOPSY PERFORMED? [ ] YES [X] NO
- 24A. WAS AUTOPSY PERFORMED? [X] YES [ ] NO
- 24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? [X] YES [ ] NO
- 25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: CARDIOMEGALY
- 26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.

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 / DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR
- 27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER
- 27C. CERTIFIER'S LICENSE NUMBER
- 27D. DATE SIGNED
- 27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS

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: [signature] DEPUTY-CORONER
- 28B. DATE SIGNED: FEB. 22, 1993
- 29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined: NATURAL
- 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/RES
- 34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: Kate Bekins Res:215 Scofield Dr. Moraga, Ca 94556
- 34C. DATE MO, DAY, YEAR: 2/25/1993
- 35A. SIGNATURE OF EMBALMER: Not Embalmed
- 35B. LICENSE NUMBER: none
- 36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): HULL'S WALNUT CREEK CHAPEL
- 36B. LICENSE NO.: 250
- 37. SIGNATURE OF LOCAL REGISTRAR: 7089 [signature] Wendel Brunner MD
- 38. REGISTRATION DATE: Feb.24,1993
- CENSUS TRACT

STATE REGISTRAR

A. B. C. D. E. F.

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

VS-11 (REV. 3-91)

Certification Statement: This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office

Official Title

Signature of Certifying offical: [signature] Wendel Brunner MD — Local Registrar

AFTER RECORDING RETURN TO
KATE BEKINS
215 SCOFIELD, MORAGA, CALIF. 94556

Date of Certification: FEB 24 1993

Place of Certification: Contra Costa County Health Services
Public Health Divison
Martinez, California

State of California, Health Services-Public Health Divison, Bureau of Vital Statistics

STATE OF OREGON: COUNTY OF KLAMATH: ss.