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62325
STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

39056002109
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
William	H.	Hamilton	July 29, 1990	0640	M

4. RACE	5. SPANISH/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
White	☐ YES ☒ NO	Dec. 10, 1931	58		

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
CA	USA	William L. Hamilton	CA	Patricia Schott	NB

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
1950 TO 1954 ☐ NONE	560-50-6657	Married	Catherine Valentine

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Dept. Manager	Home Improvement	Home Depot	1	13

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
1218 Roderick Ave.	Oxnard	93030

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY
Ventura	37	CA

20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Catherine Hamilton - Wife
1218 Roderick Ave.
Oxnard, CA 93030

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
St. John's RMC	IP	Ventura

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
333 No. "F" Street	Oxnard

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) CARDIOGENIC SHOCK	3 weeks
DUE TO	(B) ACUTE MYOCARDIAL INFARCTION	2 weeks
DUE TO	(C) ATHEROSCLEROTIC HEART DISEASE	3 weeks

22. WAS DEATH REPORTED TO CORONER? ☐ YES REFERRAL NUMBER ☐ 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
RENAL FAILURE, CEREBROVASCULAC ISCHEMIA

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.
No

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 PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED
7-16-90	7-29-90	Norm Bessette MD	G11177	7-30-90

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
Normand L. Bessette MD/1200 N. Ventura Rd., Oxnard, CA

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	30C. DATE OF INJURY MONTH. DAY. YEAR	31. HOUR
		☐ YES ☐ NO		

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
BU	Santa Clara Cemetery Oxnard, CA	7/31/90		6676

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
James A. Reardon Mortuary	725	L E Dodds M.D.	July 30, 1990

STATE REGISTRAR

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

VS-11 (REV. 3-89) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF VENTURA, HEALTH SERVICES AGENCY, IF IT BEARS THIS SEAL IN RED INK.

AUG 1 1990
DATE

L E Dodds M.D.
LAWRENCE E. DODDS, M.D., Health Officer and Registrar

Return: David Hamilton
1218 W. Roderick Ave.
Oxnard, Ca. 93030

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Catherine Hamilton the 1st day of June A.D., 19 93 at 2:29 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 12487.

FEE $10.00

Evelyn Biehn · County Clerk
By Pauline Muelendare