'93 JUN 1 PM 2 29

Vol. M93 Page 12487

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): William
1B. MIDDLE: H.
1C. LAST (FAMILY): Hamilton
2A. DATE OF DEATH—MO. DAY. YR: July 29, 1990
2B. HOUR: 0640
3. SEX: M
4. RACE: White
5. SPANISH/HISPANIC—SPECIFY: ☐ YES ____ ☒ NO
6. DATE OF BIRTH—MO. DAY. YR: Dec. 10, 1931
7. AGE IN YEARS: 58
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: William L. Hamilton
10B. STATE OF BIRTH: CA
11A. FULL MAIDEN NAME OF MOTHER: Patricia Schott
11B. STATE OF BIRTH: NB
12. MILITARY SERVICE? 19 50 TO 19 54 ☐ NONE
13. SOCIAL SECURITY NO.: 560-50-6657
14. MARITAL STATUS: Married
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Catherine Valentine
16A. USUAL OCCUPATION: Dept. Manager
16B. USUAL KIND OF BUSINESS OR INDUSTRY: Home Improvement
16C. USUAL EMPLOYER: Home Depot
16D. YEARS IN OCCUPATION: 1
17. EDUCATION—YEARS COMPLETED: 13

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 1218 Roderick Ave.
18B. CITY: Oxnard
18C. ZIP CODE: 93030
18D. COUNTY: Ventura
18E. NUMBER OF YEARS IN THIS COUNTY: 37
18F. STATE OR FOREIGN COUNTRY: 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: St. John's RMC
19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA: IP
19C. COUNTY: Ventura
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 333 No. "F" Street
19E. CITY: 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	2 weeks
DUE TO	(B) ACUTE MYOCARDIAL INFARCTION	2 weeks
DUE TO	(C) ATHEROSCLEROTIC HEART DISEASE	2 weeks

22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER ____ ☐ YES ☒ 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 CEREBROVASCULAR 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: 7-16-90
DECEDENT LAST SEEN ALIVE MONTH. DAY. YEAR: 7-29-90
27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN: [signature]
27C. PHYSICIAN'S LICENSE NUMBER: G11177
27D. DATE SIGNED: 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 ☐ 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): BU
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: Santa Clara Cemetery, Oxnard, CA
34C. DATE MO. DAY. YEAR: 7/31/90
35A. SIGNATURE OF EMBALMER: [signature]
35B. LICENSE NUMBER: 6676
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): James A. Reardon Mortuary
36B. LICENSE NO.: 725
37. SIGNATURE OF LOCAL REGISTRAR: L E Dodds M.D. [signature]
38. REGISTRATION DATE: 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.

Evelyn Biehn County Clerk
By Pauline Muelendorf

FEE $10.00