

38734

CERTIFICATE OF DEATH STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
Almyra		February 4, 1987	
1B. MIDDLE		2B. HOUR	
Josie		0600	
3. SEX		6. DATE OF BIRTH	
Female		November 6, 1939	
4. RACE/ETHNICITY		7. AGE	
White		47 YEARS	
5. SPANISH/HISPANIC NO		IF UNDER 1 YEAR MONTHS DAYS	
K		IF UNDER 24 HOURS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
California		Eleanor Dugrenier/Unknown	
9. NAME AND BIRTHPLACE OF FATHER		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
Charles Denham/Unknown		Clinton Earl Curtis	
11A. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	
U.S.A.		561-50-1535	
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		13. MARITAL STATUS	
19-- TO 19--		Married	
15. PRIMARY OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
Motel Mgr.		Heart of Town Motel	
16. NUMBER OF YEARS THIS OCCUPATION		18. KIND OF INDUSTRY OR BUSINESS	
4		Motel	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19C. CITY OR TOWN	
6725 Judistine Drive		Fair Oaks	
19D. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Sacramento		Clinton Curtis/Husband	
21A. PLACE OF DEATH		6725 Judistine Drive	
Residence		Fair Oaks, CA 95628	
21B. COUNTY			
Sacramento			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
6725 Judistine Drive		Fair Oaks	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?	
(A) GLIOBLASTOMA MULTIFORME		YES 87-382	
(B) DUE TO, OR AS A CONSEQUENCE OF		25. WAS BIOPSY PERFORMED?	
(C) DUE TO, OR AS A CONSEQUENCE OF		YES	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		26. WAS AUTOPSY PERFORMED?	
CRAVOTOMY		NO	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		DATE	
CRAVOTOMY		7/24/86	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28C. DATE SIGNED	
8/8/86 12/17/86		2/4/87	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS		28D. PHYSICIAN'S LICENSE NUMBER	
Ram Lalchandani M.D., 6401 Coyle Ave., Carmichael, CA		6045543	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
35C. DATE SIGNED			
36. DISPOSITION		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Cremation		(not embalmed)	
37. DATE—MONTH, DAY, YEAR		42. DATE ACCEPTED BY LOCAL REGISTRAR	
Feb. 6, 1987		FEB 5 1987	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRAR'S SIGNATURE	
The Neptune Society (Sacto)		Paul F. Nam M.D.	
40B. LICENSE NO.		42. DATE ACCEPTED BY LOCAL REGISTRAR	
1335		FEB 5 1987	
STATE REGISTRAR			

VS-11 (1-85)

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE SACRAMENTO COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL STATISTICS SECTION, SACRAMENTO COUNTY DEPARTMENT OF HEALTH, SACRAMENTO, CALIFORNIA.

Paul F. Nam M.D.
Bonnie York

REGISTRAR

DEPUTY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Clinton Curtis the 17th day of Aug. A.D., 19 93 at 11:12 o'clock A.M. and duly recorded in Vol. M93 of Deeds on Page 20463.

Evelyn Biehn County Clerk

By

FEE \$10.00

Return: Clinton Curtis, 3965 Braxton Cir., Sparks, Nv. 89433