69374 K-45524

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

Vol. M93 Page 26230

STATE FILE NUMBER

10-08-93A11:22 RCVD

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MONTH, DAY, YEAR	2B. HOUR OF DEATH	3. SEX
JAKE	-----	GRAY	May 31, 1989	1526	Male

4. RACE	5. SPANISH/HISPANIC	6. DATE OF BIRTH—MONTH, DAY, YEAR	7. AGE IN YEARS	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS	IF UNDER 24 HOURS MINUTES
White	☐ YES ☒ NO	July 14 1914	74			

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. [illegible]	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
OK	U.S.A.	James E. Gray	M[illegible]	Willie E. Alford	TX

12. MILITARY SERVICE?	13. SOCIAL SECURITY NUMBER	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	550-12-4206	Married	Myrtle [illegible]ngale

USUAL RESIDENCE

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN USUAL OCCUPATION	17. NUMBER OF HIGHEST GRADE COMPLETED (1–12 OR COLLEGE 13–17+)
Laborer	Cannery	Tri-Valley Growers	20	Unknown

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
1745 Seattle St.	Modesto	95351

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Stanislaus	30	CA	Myrtle Gray - Wife 1745 Seattle Modesto, CA 95351

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY CHECK IP, ER/OP, DOA	19C. COUNTY
Mem. So. Medical Center	IP	Stanislaus

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	19F. WAS MEDICAL EXAMINER CONSULTED AND DEATH	22. WAS DEATH REPORTED TO CORONER?
1905 Memorial Ave.	Ceres		☒ YES 324 CORONER'S NUMBER ☐ NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C—TYPE OR PRINT

IMMEDIATE CAUSE	(A) Congestive Heart Failure	3 days	23. WAS DEATH PERFORMED? ☐ YES ☒ NO
DUE TO	(B) Acute Myocardial Infarction	2 months	24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO
DUE TO	(C) ———	———	24B. IF YES, WAS IT USED IN DETERMINING THE CAUSE OF DEATH? ☐ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSES GIVEN IN 21: NONE

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? MONTH, DAY, YEAR: ———

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27C. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	27D. PHYSICIAN'S LICENSE NUMBER	27E. DATE SIGNED
11/9/82	5/31/89	Kirk Offelin MD	G31923	6/1/89

27F. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Richard C. Hoffman 600 Coffee Rd. Modesto, CA 95355

CORONER'S USE ONLY

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE 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	34B. PLACE OF FINAL DISPOSITION	34C. DATE OF DISPOSITION MONTH, DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
Burial	Lakewood Memorial Park Hughson, CA	June 5, 1989	Mike Eaton	7598

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Lakewood Funeral Home	F - 1392	Willard E. Forney M.D.	JUN 02 1989

STATE REGISTRAR

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

VS-11 (REV. 1-89) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

Return to:
Myrtle Gray
1745 Seattle St.
Modesto, Ca. 95358

I CERTIFY THIS INSTRUMENT TO BE A TRUE CERTIFIED COPY OF THE RECORD IN THIS OFFICE.

ATTEST: JUN 02 1989

OFFICIAL SEAL — Willard E. Forney M.D. — LOCAL REGISTRAR OF VITAL STATISTICS OF STANISLAUS COUNTY, CALIFORNIA

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 8th day of Oct. A.D., 19 93 at 11:22 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 26230.

FEE $10.00

Evelyn Biehn, County Clerk
By Darlene Mullendore