10-11-93A11:08 RCVD

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69459

MTC 312

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

3-90-01 002195

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN): Francisco
1B. MIDDLE: CRUZ
1C. LAST (FAMILY): Agualo
2A. DATE OF DEATH—MO. DAY. YR: March 26, 1990
2B. HOUR: 0710
3. SEX: M
4. RACE: GUAMANIAN
5. SPANISH/HISPANIC—SPECIFY: ☐ YES ☒ NO
6. DATE OF BIRTH—MO. DAY. YR: FEB. 28, 1920
7. AGE IN YEARS: 70 (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: HOURS, MINUTES)
8. STATE OF BIRTH: GUAM
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10A. FULL NAME OF FATHER: LUIS AGUALO
10B. STATE OF BIRTH: GUAM
11A. FULL MAIDEN NAME OF MOTHER: CRUZ
11B. STATE OF BIRTH: GUAM
12. MILITARY SERVICE? 19 41 TO 19 48 ☐ NONE
13. SOCIAL SECURITY NO.: 569-38-5041
14. MARITAL STATUS: MARRIED
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): DONNA CATHERINE STEVENS
16A. USUAL OCCUPATION: BAKER
16B. USUAL KIND OF BUSINESS OR INDUSTRY: FEDERAL GOVERNMENT
16C. USUAL EMPLOYER: MILITARY SEA TRANS. CIVIL SERVICE
16D. YEARS IN OCCUPATION: 27
17. EDUCATION—YEARS COMPLETED: 8

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 1334 HENDERSON LANE
18B. CITY: HAYWARD
18C. ZIP CODE: 94544
18D. COUNTY: ALAMEDA
18E. NUMBER OF YEARS IN THIS COUNTY: 40
18F. STATE OR FOREIGN COUNTRY: CA
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: DONNA C. AGUALO; WIFE, 1334 HENDERSON LANE, HAYWARD, CA 94544

PLACE OF DEATH

19A. PLACE OF DEATH: Kaiser Foundation Hospital
19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA: IP
19C. COUNTY: Alameda
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 27400 Hesperian Blvd.
19E. CITY: Hayward

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A) Respiratory Failure
DUE TO (B) Chronic Obstructive Pulmonary Disease
DUE TO (C) ---
TIME INTERVAL BETWEEN ONSET AND DEATH: Days / Years
22. WAS DEATH REPORTED TO CORONER? ☐ YES ☒ NO — REFERRAL NUMBER
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: Pneumonia. Congestive Heart Failure .
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: 3-23-90
DECEDENT LAST SEEN ALIVE MONTH. DAY. YEAR: 3-23-90
27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN: M Smith
27C. PHYSICIAN'S LICENSE NUMBER: 605152
27D. DATE SIGNED: 3-27-90
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Michelle Smith, M.D., 27400 Hesperian Blvd., Hayward, 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: HOLY SEPULCHRE CEMETERY, HAYWARD, CA
34C. DATE MO. DAY. YEAR: 3/30/1990
35A. SIGNATURE OF EMBALMER
35B. LICENSE NUMBER: 7310
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): SORENSEN BROS. MORTUARY, HAYWARD, CA
36B. LICENSE NO.: FD-126
37. SIGNATURE OF LOCAL REGISTRAR
38. REGISTRATION DATE: MAR 28 1990

STATE REGISTRAR

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

VS-11 (REV. 2-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY: _____ DEPUTY

DATE: MAR 29 1990

Return:
Key Title Co.
P.O. Box 6178
Bend, OR 97708
#27-20570m

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 11th day of Oct. A.D., 19 93 at 11:08 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 26387.

Evelyn Biehn - County Clerk
By Pauline Williams

FEE $10.00