10-11-93A11:08 RCVD

Vol M93 Page 26387

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

Field	Entry
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 [X]
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

Field	Entry
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

Field	Entry
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)	TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Respiratory Failure	Days
DUE TO (B) Chronic Obstructive Pulmonary Disease	Years
DUE TO (C) ---	

22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER: YES [ ] NO [X]

23. WAS BIOPSY PERFORMED? YES [ ] NO [X]

24A. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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.

Field	Entry
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	[signature]
27C. PHYSICIAN'S LICENSE NUMBER	G059152
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

Field	Entry
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	[signature]
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	[signature] MD
38. REGISTRATION DATE	MAR 28 1990

CENSUS TRACT

STATE REGISTRAR: A. B. C. D. E. F.

MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

VS-11 (REV. 2-89)

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: [signature] MD 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 [signature]

FEE $10.00