

69984

10-20-93A09:01 RCVD

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## CERTIFICATE OF DEATH

3900

- 3632

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH MONTH, DAY, YEAR		2B. HOUR	
		Johnnie		James		Silva		December 30, 1987		1915	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/SPANIC NO		6. DATE OF BIRTH		7. AGE		8. UNDER 1 YEAR MONTHS	
Male		Caucasian		63		September 6, 1916		71 YEARS			
9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER									
Joe Rocha Silva - Azores		Maria DeJesus Jacks - Azores									
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER (SITH NAME)			
U.S.A.		19 - TO 19 -		557-52-6719		Married		Mary Brazil			
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATE		18. KIND OF INDUSTRY OR BUSINESS					
Farming		Adult Life		Self employed		Farming					
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN		19C. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
108 W. Wright Road, Tracy, California		95376		CA		Mary C. Silva- spouse					
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN					
St. Josephs Hospital-Stockton		San Joaquin		1800 North California St.		Stockton					
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?		25. HAS DISPOSTY PERFORMED?		26. WAS AUTOPSY PERFORMED?			
(A) Pending				Yes		no		Yes			
(B) DUE TO, OR AS A CONSEQUENCE OF											
(C) DUE TO, OR AS A CONSEQUENCE OF											
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION											
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER					
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)											
29. SPECIFY ACCIDENT, BUC DE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR			
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'S SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED							
		John Rocha Silva		12/31/87							
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. LOCAL REGISTRAR'S SIGNATURE		40. DATE ACCEPTED BY LOCAL REGISTRAR			
Burial		January 5, 1988		Tracy Public Cemetery, Tracy, California		Jogi Khanna M.D.		JAN 5 - 1988			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR					
Hotchkiss Mortuary, Inc.		321		Jogi Khanna M.D. /aw							
STATE REGISTRAR		A. 1		B. 3		C. 0		D. 10		E. F.	

I, Jogi Khanna, M.D., Local Registrar of Vital Statistics for the County of San Joaquin, do hereby certify that the foregoing is a true and correct copy of the certificate on file in my office.

Jogi Khanna M.D.

Date: MARCH 8, 1988

By: Wilma L. Haskins  
Deputy Registrar

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THIS FORM MUST BE COMPLETED IN BLACK INK

# AMENDMENT OF MEDICAL AND HEALTH SECTION DATA

27419

STATE CERTIFICATE NUMBER		<input checked="" type="checkbox"/> DEATH <input type="checkbox"/> FETAL DEATH <input type="checkbox"/> BIRTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE		1a. FIRST NAME Johnnie		1b. MIDDLE NAME James	
		1c. LAST NAME Silva			
2. PLACE OF OCCURRENCE—CITY OR COUNTY 1800 N. California Street, Stockton		3. DATE OF EVENT 12-30-87			
STATEMENT OF AMENDMENTS	4. ITEM NUMBER	5a. INFORMATION EXACTLY AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE		5b. INFORMATION AS IT SHOULD BE STATED ON THE ORIGINAL CERTIFICATE	
	22A	Pending		Massive acute myocardial infarction	
	22B			Thrombosis of 3 coronary artery bypass grafts	
	22C			Postoperative hypotensive episode and advanced ASHD	
DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	6. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		7a. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER <i>R. Lawrence/John Zunino</i>		7b. DATE SIGNED 2-4-88
			8a. NAME OF CERTIFYING PHYSICIAN OR CORONER (PRINT OR TYPE) R. LAWRENCE/JOHN ZUNINO		8b. DEGREE OR TITLE MD/CORONER
REGISTRAR'S OFFICE	9a. OFFICE OF STATE OR LOCAL REGISTRAR 222 E. Weber, Stockton, Calif.		OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS		9b. DATE ACCEPTED FEB 29 1988

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

I, Jogi Khanna, M.D., Local Registrar of Vital Statistics for the County of San Joaquin, do hereby certify that the foregoing is a true and correct copy of the certificate on file in my office.

*Jogi Khanna M.D.*

Date: MARCH 8, 1988

By: *Wanda L. Hopkins*  
Deputy Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Souza, Coats et al the 20th day of Oct A.D., 19 93 at 9:01 o'clock A.M., and duly recorded in Vol. M93 of Deeds on Page 27418.

FEE \$15.00

Return: Souza, Coats et al, P.O. Box 1129, Tracy, Ca. 95376

Evelyn Biehn County Clerk

By *Douglas M. Williams*