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10-22-93P02:03 RCVD

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER: 3 93 38

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO., DAY, YR.	2B. HOUR	3. SEX
Willie	Caldwell	Frazier Jr.	August 16, 1993	0127	M

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO., DAY, YR.	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
White	☐ YES ☒ NO	09/20/1939	53		

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
OK	U.S.A.	Willie Caldwell Frazier	OK	Sarah Nohio	OK

12. MILITARY SERVICE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 57 TO 19 71 ☐ NONE	525 90 0354	Married	Mae Yvette Page

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Electronics Mechanic	Electronics	Mare Island	32	12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
# 2 Marina Blvd. Apt. # 10-B6	Pittsburg	94565

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY
Contra Costa	20	Ca

20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: Mae Y. Frazier - Wife, # 2 Marina Blvd. Apt.# 10-B6, Pittsburg, Ca 94565

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
Kaiser Foundation Hosp.	IP	San FRancisco	2425 Geary Boulevard	San Francisco

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)	VENTRICULAR FIBRILLATION	10 MIN
DUE TO (B)	LEFT MAIN CORONARY ARTERY DISEASE 2-3 days	
DUE TO (C)	CORONARY ARTERY DISEASE	6 YEARS

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: MYOCARDIAL INFARCTION 8/13/93, 1988

22. WAS DEATH REPORTED TO CORONER: ☒ YES NC 2151 ☐ NO

23. WAS BIOPSY PERFORMED: ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED: ☒ YES ☐ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH: ☐ YES ☒ NO

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE: CORONARY CATHETERIZATION 8/16/93

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	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
8/16/93	8/16/93	Michael Petru MD	G-038601	8/17/93

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Michael Petru,MD,2200 O'Farrell St., SF, CA 94115

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	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
		☐ YES ☐ NO		

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)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YR.	35A. SIGNATURE OF EMBALMER	35B. LICENSE NO.
Cr-Res	Mae Y. Frazier #2 Marina Blvd. Apt.# 10-B6, Pittsburg, Ca	08/20/1993	Steven C Dwight	6609

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Pittsburg Funeral Chapel,Inc.	510	Sandra R. Hernandez M.D.	AUG 2 0 1993

STATE REGISTRAR

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

VS-11 (REV. 7-92) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

This is to certify that, if bearing the seal of the San Francisco Department of Health, this is a true copy of the documents filed in this office.

DATED: September 22, 1993

Sandra R. Hernández, M.D.
Health Officer and
Local Registrar,
San Francisco, CA

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mae Frazier the 22nd day of Oct. A.D., 19 93 at 2:03 o'clock PM., and duly recorded in Vol. M93, of Deeds on Page 27741.

Evelyn Biehn County Clerk

FEE $10.00

By Deanne Rutherford