70135

10-22-93P02:03 RCVD

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 3 93 38

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN): Willie
1B. MIDDLE: Caldwell
1C. LAST (FAMILY): Frazier Jr.
2A. DATE OF DEATH—MO. DAY. YR: August 16, 1993
2B. HOUR: 0127
3. SEX: M
4. RACE: White
5. HISPANIC—SPECIFY: [ ] YES [X] NO
6. DATE OF BIRTH—MO. DAY. YR: 09/20/1939
7. AGE IN YEARS: 53
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. STATE OF BIRTH: OK
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10A. FULL NAME OF FATHER: Willie Caldwell Frazier
10B. STATE OF BIRTH: OK
11A. FULL MAIDEN NAME OF MOTHER: Sarah Nohio
11B. STATE OF BIRTH: OK
12. MILITARY SERVICE: 19 57 TO 19 71 [ ] NONE
13. SOCIAL SECURITY NO.: 525 90 0354
14. MARITAL STATUS: Married
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Mae Yvette Page
16A. USUAL OCCUPATION: Electronics Mechanic
16B. USUAL KIND OF BUSINESS OR INDUSTRY: Electronics
16C. USUAL EMPLOYER: Mare Island
16D. YEARS IN OCCUPATION: 32
17. EDUCATION—YEARS COMPLETED: 12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION: # 2 Marina Blvd. Apt. # 10-B6
18B. CITY: Pittsburg
18C. ZIP CODE: 94565
18D. COUNTY: Contra Costa
18E. NUMBER OF YEARS IN THIS COUNTY: 20
18F. STATE OR FOREIGN COUNTRY: 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: Kaiser Foundation Hosp.
19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA: IP
19C. COUNTY: San FRancisco
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 2425 Geary Boulevard
19E. CITY: San Francisco

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A) VENTRICULAR FIBRILLATION ▶ TIME INTERVAL BETWEEN ONSET AND DEATH: 10 MIN

DUE TO (B) LEFT MAIN CORONARY ARTERY DISEASE 2-3 days

DUE TO (C) CORONARY ARTERY DISEASE ▶ 6 YEARS

22. WAS DEATH REPORTED TO CORONER: [X] YES REFERRAL NUMBER NC 2151 [ ] NO
23. WAS BIOPSY PERFORMED: [ ] YES [✓] NO
24A. WAS AUTOPSY PERFORMED: [X] 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: MYOCARDIAL INFARCTION 8/13/93, 1988
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE: CARDIAC 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: 8/16/93
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR: 8/16/93
27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER: ▶ Michael Petr MD
27C. CERTIFIER'S LICENSE NUMBER: G-038601
27D. DATE SIGNED: 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: [ ] 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): Cr-Res
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: Mae Y. Frazier #2 Marina Blvd. Apt.# 10-B6, Pittsburg, Ca
34C. DATE MO. DAY. YR.: 08/20/1993
35A. SIGNATURE OF EMBALMER: Steven C. Dwight
35B. LICENSE NO.: 6609
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Pittsburg Funeral Chapel,Inc.
36B. LICENSE NO.: 510
37. SIGNATURE OF LOCAL REGISTRAR: ▶ Sandra R. Hernández M.D.
38. REGISTRATION DATE: AUG 20 1993

STATE REGISTRAR

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

VS-11 (REV. 7-93)

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
By Pauline Muckendore

FEE $10.00