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Vol. M94 Page 27086

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CERTIFICATE OF DEATH

3900

STATE FILE NUMBER — OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE OF CALIFORNIA — DEPARTMENT OF HEALTH

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
Lorraine	Mildred	Wagner	September 14, 1977	8:45 AM

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Female	Cauc.	Oklahoma	November 14, 1920	56 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	MAIDEN NAME AND BIRTHPLACE OF MOTHER
Byron t. Brady - Alabama	Nettie Armstrong - Oklahoma

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
U.S.A.	452-62-3273	Married	Oral Wagner

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF EMPLOYED BY FIRM)	17. KIND OF INDUSTRY OR BUSINESS
Teller	11	First National Bank	Banking

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION OR PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Manteca Hospital	500 Cottage Ave.	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Manteca	San Joaquin	3 Months YEARS	16 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
22295 S. Oleander	No	Oral Wagner 22295 Oleander Manteca, California

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Manteca	San Joaquin	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER — I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE FILED OR THE INFORMATION HEREIN AS REQUIRED BY LAW (INVESTIGATION OR INQUEST)	21b. PHYSICIAN — I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE AND THAT I ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW AND THAT I HAVE FILED OR THE INFORMATION HEREIN AS REQUIRED BY LAW	21c. PHYSICIAN, CORONER — SIGNATURE AND DEGREE OR TITLE	21d. DATE SIGNED
	FROM (ENTER MONTH, DAY, YEAR) 9/11/77 TO (ENTER MONTH, DAY, YEAR) 9/14/77	M. A. Larson, M.D.	9/15/77

21e. ADDRESS	21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER
507 E. Center Street Manteca, California 95336	0-A20684

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED)	LICENSE NUMBER
Burial	9-19-77	Park View Cemetery	Elliott Sadmi	4046

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR
P.L. Fry & Son Inc.	No	Jack L. Williams, M.D.	SEP 6 1977

CAUSE OF DEATH (MEDICAL AND HEALTH DATA)

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	RUPTURED ANEURYSM OF	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE A, STATING THE UNDERLYING CAUSE LAST — DUE TO OR AS A CONSEQUENCE OF (B)	TRAUMATIC CRANIO BRAIN CA	
DUE TO OR AS A CONSEQUENCE OF (C)	(INTRACRANIAL BLEED)	

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I

PNEUMONIA

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO) (OPERATION AND/OR BIOPSY)	32a. AUTOPSY? (SPECIFY YES OR NO)	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
	Yes	Yes

INJURY INFORMATION (MEDICAL AND HEALTH DATA)

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, STREET, FREEWAY, HIGHWAY, FACTORY, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
				M.

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION; AND CITY OR TOWN)	37b. IF FARM OR RANCH, DISTANCE FROM PLACE OF INJURY TO NEAREST POST OFFICE (IN MILES)	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)
	MILES		

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

STATE REGISTRAR

A.	B.	C.	D	E.	F

I, Jack J. Williams, 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.

Jack L. Williams, M.D.

By: Wanda L. Haskins
Deputy Registrar

Date: September 30, 1977

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co the 30th day of Aug A.D., 19 94 at 10:25 o'clock A M., and duly recorded in Vol. M94, of Deeds on Page 27086.

Evelyn Biehn County Clerk
By Darlene Mulendore

FEE $10.00

Return: Aspen Title co