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MTC 33524-HF

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

39334

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE 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
VIRGINIA	CLAIRE	CALLAGHAN	AUGUST 2, 1993	0650	F

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 ____ X NO	May 13, 1920	73				

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
IL	U.S.A.	Rolla Frazier	IL	Mary Lischer	IL

12. MILITARY SERVICE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ X NONE	545-58-0758	Married	Thomas Callaghan

16A. USUAL OCCUPATION	16B. KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Homemaker	Own Home	Self	51	14

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
5428 Miriam Court	Carmichael	95608

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Sacramento	40	California	Thomas Callaghan - Husband 5428 Miriam Court Carmichael, CA 95608

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER
KAISER FOUNDATION HOSP	ER/OP	SACRAMENTO		X YES 93-2676 NO

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY		23. WAS BIOPSY PERFORMED
2025 MORSE AVENUE	SACRAMENTO		X YES NO

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	24A. WAS AUTOPSY PERFORMED
IMMEDIATE CAUSE (A)	REFRACTORY SHOCK	HOURS	YES X NO
DUE TO (B)	PROBABLE INTESTINAL INFARCTION	HOURS	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH: YES X NO
DUE TO (C)			

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE.
MYELODYSPLASTC SYNDROME	BONE MARROW ASPIRATION 5/12/88

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.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
Roy W Gordon MD	G 42113	8/2/93

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPED ATTENDING PHYSICIAN'S NAME AND ADDRESS
5/12/88	7/29/93	P. GORDON M.D. 2025 MORSE AVENUE, SACRAMENTO, 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	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.
BU	St. Marys Cemetery Sacramento, California	8-5-1993	Valerie Georgi	7910

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	6110	38. REGISTRATION DATE
EAST LAWN MORTUARY	FD-1242	Ruth E Hudson, M.D.		AUG 4 1993DM

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 SACRAMENTO COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL STATISTICS SECTION, SACRAMENTO COUNTY DEPARTMENT OF HEALTH, SACRAMENTO, CALIFORNIA.

Ruth E Hudson, MD REGISTRAR

DEPUTY

Upon Recording Return To
Thomas J. Callaghan
5428 Miriam Ct Carmichael CA 95608
DATE: AUG 09 1993

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 22nd day of Sept A.D., 19 94 at 10:56 o'clock AM., and duly recorded in Vol. M94, of Deeds on Page 29827.

Evelyn Biehn County Clerk

FEE $10.00 By Darlene Millendorf