30448 11-01-94A10:29 RCV

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

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STATE FILE NUMBER — LOCAL REGISTRATION NUMBER

Field	Entry
1. Name of Decedent—First (Given)	Samuel
2. Middle	R.
3. Last (Family)	Hill
4. Date of Birth MM/DD/CCYY	03/03/1912
5. Age Yrs.	81
If under 1 year (Months / Days)	
If under 24 hours (Hours / Minutes)	
6. Sex	M
7. Date of Death MM/DD/CCYY	01/17/1994
8. Hour	1400
9. State of Birth	MI
10. Social Security No.	563-40-5948
11. Military Service	1929 to 1953 ☐ None
12. Marital Status	Widowed
13. Education —Years Completed	12
14. Race	Caucasian
15. Hispanic—Specify	☐ Yes ☒ No
16. Usual Employer	U.S. Navy
17. Occupation	QMC
18. Kind of Business	Defense
19. Years in Occupation	24
20. Residence—Street and Number or Location	3851 Hiawatha Way
21. City	San Diego
22. County	San Diego
23. Zip Code	92117
24. Yrs in County	45
25. State or Foreign Country	CA
26. Name, Relationship	Georgia Liaga: Daughter
27. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip)	3851 Hiawatha Way, San Diego, CA 92117
28. Name of Surviving Spouse—First	—
29. Middle	—
30. Last (Maiden Name)	—
31. Name of Father—First	George
32. Middle	W.
33. Last	Hill
34. Birth State	MI
35. Name of Mother—First	Elizabeth
36. Middle	Mae
37. Last (Maiden)	Davis
38. Birth State	MI
39. Date MM/DD/CCYY	01/21/1994
40. Place of Final Disposition	Greenwood Memorial Park, I-805 & Imperial Ave, San Diego, CA
41. Type of Disposition(s)	BU
42. Signature of Embalmer	Matt Streit
43. License No.	7427
44. Name of Funeral Director	Greenwood Mortuary
45. License No.	F-843
46. Signature of Local Registrar	Donald S. Ramras, M.D., M.P.H.
47. Date MM/DD/CCYY	01/21/1994 SLL
101. Place of Death	Sharp Cabrillo Hospital
102. If Hospital, Specify One	☒ IP ☐ ER/OP ☐ DOA
103. Facility Other Than Hospital	☐ Conv. Hosp. ☐ Res. ☐ Other
104. County	San Diego
105. Street Address—Street and Number or Location	3475 Kenyon Street
106. City	San Diego

107. Death was caused by: (Enter only one cause per line for A, B, C, and D)

	Cause	Time Interval Between Onset and Death
Immediate Cause (A)	Pneumonia	1 Wk.
Due to (B)		
Due to (C)		
Due to (D)		

Field	Entry
108. Death Reported to Coroner	☐ Yes ☒ No
Referral Number	
109. Biopsy Performed	☐ Yes ☒ No
110. Autopsy Performed	☐ Yes ☒ No
111. Used in Determining Cause	☐ Yes ☒ No
112. Other Significant Conditions Contributing to Death but Not Related to Cause Given in 107	Chronic Obstructive Pulmonary Disease
113. Was Operation Performed for Any Condition in Item 107 or 112? If Yes, List Type of Operation and Date.	None
114. I certify that to the best of my knowledge death occurred at the hour, date and place stated from the causes stated. Decedent Attended Since MM/DD/CCYY	01/16/1992
Decedent Last Seen Alive MM/DD/CCYY	01/17/1994
115. Signature and Title of Certifier	Michael E. Kalafer
116. License No.	G23959
117. Date MM/DD/CCYY	01/18/1994
118. Type Attending Physician's Name, Mailing Address + Zip	Michael E. Kalafer, M.D. 3475 Kenyon Street, San Diego, CA 92110
118. I certify that in my opinion death occurred at the hour, date and place stated from the causes stated.	
119. Manner of Death	☐ Natural ☐ Suicide ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined
120. Injury at Work	☐ Yes ☐ No
121. Injury Date MM/DD/CCYY	
122. Hour	
123. Place of Injury	
124. Describe How Injury Occurred (Events Which Resulted in Injury)	
125. Location (Street and Number or Location and City and Zip Code)	
126. Signature of Coroner or Deputy Coroner	
127. Date MM/DD/CCYY	
128. Typed Name, Title of Coroner or Deputy Coroner	

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								9400664	

COUNTY OF SAN DIEGO-DEPARTMENT OF HEALTH SERVICES 3851 ROSECRANS ST. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO, DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED. REQUIRED FEE PAID

DATE ISSUED: January 26, 1994

Donald S. Ramras, M.D., M.P.H.
REGISTRAR OF VITAL RECORDS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Georgia Liaga the 1st day of Nov A.D., 19 94 at 10:29 o'clock A M., and duly recorded in Vol. M94 of Deeds on Page 33793.

Evelyn Biehn · County Clerk
By Darlene Mullendore

FEE $10.00

Return: Georgia L. Liaga, 3851 Hiawatha Way, San Diego, Ca. 92117