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12-21-94A11:38 RCVD

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STATE OF NEW MEXICO

ATC #01042547

Certified by Physician [X] — Bernalillo (County of Death) — Albuquerque (City, Town, Location)

1. Decedent - Name: First Mildred; Middle Maxine; Last LAHODA
2. Sex: F
3. Date of Death (mo, day, yr): May 3, 1994
4. Date of Birth (mo, day, yr): June 6, 1920
5a. Age - last birthday: 73
5b. Under 1 Year (Mos., Days): ---
5c. Under 1 Day (Hours, Mins.): ---
6a. Race - Specify White, Black, Native American, etc.: White
6b. If Native American, Specify Tribal Affiliation (e.g. Zia, Jicarilla, Navajo, etc.): N/A
6c. Decedent Hispanic? [X] No ☐ Yes Specify: ☐ Spanish ☐ Mexican ☐ Cuban ☐ Puerto Rican ☐ Other Specify
7. Education of Decedent - Indicate highest grade completed: 0 1 2 3 4 5 6 7 8 [X]9 10 11 12 13 14 15 16 17+ UNK
8a. Hospital or Other Institution - Name (If neither, give street and number): 1424 Willys Knight Dr. NE
8b. Hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home [X] Residence ☐ Other (Specify)
9. State or Country of Birth: Mississippi
10. Citizen of What Country: USA
11. Married, Never Married, Widowed, Divorced - Specify: Married
12. Surviving Spouse (If wife, give birth name): Leonard Lincoln Lahoda
13. Was Decedent Ever in U.S. Armed Forces? ☐ Yes [X] No
14. Social Security Number: 426-48-4076
15a. Usual Occupation (Kind of work done during most of working life, even if retired): Homemaker
15b. Kind of Business or Industry: Home
16a. Residence - State: New Mexico
16b. County: Bernalillo
16c. City, Town or Location: Albuquerque
16d. Inside City Limits? [X] Yes ☐ No
16e. Street and Number or Location: 1424 Willys Knight Dr. NE
16f. Zip Code: 87112
17. Father - Name: First Sam; Middle N/A; Last Winters
18. Mother - Birth Name: First Pearly; Middle Mae; Last Corker
19a. Informant - Name (Type or print): Leonard L. Lahoda
19b. Mailing Address (Street/RFD No., City/Town, State, Zip): 1424 Willys Knight Dr. NE Albuquerque New Mexico 87112
20a. Method of Disposition: ☐ Burial [X] Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify)
20b. Cemetery/Crematory - Name: Sunset Memorial Park
20c. Location (City/Town, State): Albuquerque New Mexico
21a. Funeral Service Licensee or Person Acting as Such - Signature: Chester [signature] Stewart/CKS
21b. License Number: 424
21c. Facility - Name: French Mortuary
21d. Facility - Address (Street/RFD No., City/Town, State): P.O. Box 25063 Albuquerque New Mexico

Certifier's Signature - On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.
☐ Office of Medical Investigator ☐ Tribal/Military Authority [X] Certified Physician

22a. [signature]
22b. Type/Print Name, Address: 1901 Juan Tabo NE, Albuq., NM — George A. Vasilion
22c. Date Signed (mo, day, yr): 5/4/94
22d. Hour of Death: 5:50 am
22e. Pronounced Dead (mo, day, yr): May 3, 1994
22f. Pronounced Dead (hour): 5:50 am
22g. Manner of Death: [X] Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined
23a. Date Filed at BVRHS (mo., day, yr): May 5th, 1994
23b. State Registrar's Signature: Carmen [signature]
24a. Was an Autopsy Performed? ☐ Yes [X] No
24b. If yes, were findings considered in determining cause of death? ☐ Yes ☐ No
24c. Location Where Autopsy Was Performed (City, State):
25a. Was Recent Surgical Procedure Performed? ☐ Yes [X] No
25b. If Yes, Specify Type of Procedure:
25c. Date of Procedure:
26a. Was Decedent Pregnant Within Last 6 Weeks? ☐ Yes [X] No
26b. If yes, estimated length of pregnancy:
27a. Describe How Injury Occurred (Complete for Accident, Suicide, Homicide, Undetermined):
27b. Hour of Injury:
27c. Date of Injury - (mo., day, yr):
27d. Injury at Work: ☐ Yes ☐ No
27e. Place of Injury - Specify home, farm, street, etc.:
27f. Location (Street/RFD No., City/Town, State):

28. Cause of Death. PART I. Enter the diseases, injuries or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause per each line. (Approximate interval between onset and death)

Immediate Cause (Final disease or condition resulting in death.)
a. Cardio-Pulmonary Arrest
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury which initiated events resulting in death) LAST
b. End stage Congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Type or print clearly. Please press firmly - multiple copies being made.

SHADED AREAS FOR MEDICAL EXAMINER - LEGAL OFFICER USE ONLY

Great Seal of the State of New Mexico 1912

BVRHS

460229

CERTIFIED COPY OF VITAL RECORD
This is a true and exact reproduction of all or part of the document officially registered and filed with Vital Records and Health Statistics, Public Health Division, Department of Health.

Celina [signature]
State Registrar
DATE ISSUED 5-5-94

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co of Dec A.D., 19 94 at 11:38 o'clock A M., and duly recorded in Vol. M94 of Deeds on Page 38415.

FEE $10.00
Ret: Aspen Title Co

Evelyn Biehn County Clerk
By [signature]