07-28-95P03:27 RCVD K48117

STANISLAUS COUNTY

DEPARTMENT OF PUBLIC HEALTH

Vol M95 Page 19825

3575

CERTIFICATE OF DEATH

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

STATE FILE NUMBER: 3 94 50 000386 — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
JEWELL	MARTHA	BREICKLER

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
04/19/1934	59			F	02/03/1994	0315

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
CO	559-42-2452	19__ TO 19__ [X] NONE	MARRIED	8

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
WHITE	[ ] YES [X] NO	SELF EMPLOYED

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
HOMEMAKER	OWN HOME	25

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
1004 DEZZANI LANE				
21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
MODESTO	STANISLAUS	95358	5	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
LESLIE BREICKLER - HUSBAND	1004 DEZZANI LANE, MODESTO, CA 95358

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
LESLIE	MAC	BREICKLER	
31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
JAMES	MARION	SHAW	IA
35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
LAURA	KATHRYN	GITCHELL	OH

DISPOSITION

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
02/07/1994	CEDAR LAWN MEMORIAL PARK, 48800 WARM SPRINGS BLVD., FREMONT, CA 94539

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
BU	▶ NOT EMBALMED	-
44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
LIMA FAMILY MILPITAS-FREMONT	FD1262	▶ L.S. Paikoff M.D. Deputy	02/04/1994

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
RESIDENCE	[ ] IP [ ] ER/OP [X] DOA	[ ] CONV. HOSP. [X] RES. [ ] OTHER	STANISLAUS
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			106. CITY
1004 DEZZANI LANE			MODESTO

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) LUNG METASTASIS	1 MONTH
DUE TO	(B) LUNG CANCER	1 MONTH
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO — REFERRAL NUMBER

109. BIOPSY PERFORMED: [X] YES [ ] NO

110. AUTOPSY PERFORMED: [ ] YES [X] NO

111. USED IN DETERMINING CAUSE: [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.

PHYSICIAN'S CERTIFICATION

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	DECEDENT LAST SEEN ALIVE MM/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
01/03/1994	01/27/1994	▶ M.D.	A430190	02/03/1994

118. NAME OF PERSON SIGNING, MAILING ADDRESS + ZIP
AMINDER MEHDI M.D.
2626 N. CALIFORNIA ST., #B, STOCKTON, CA 95204

CORONER'S USE ONLY

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

STATE REGISTRAR

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

110141

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Public Health.

L.S. Paikoff

L.S. PAIKOFF, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED
03/10/1994

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Title Company the 28th day of July A.D., 19 95 at 3:27 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 19825.

Bernetha G. Letsch, County Clerk

FEE $10.00

By Annette Nuelle

Ret: Klamath County Title co