COUNTY OF MONTEREY
Salinas, California Vol. M95 Page 24005

5662

CERTIFIED COPY OF VITAL RECORDS
CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER 3 95 27 001175

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

LOCAL REGISTRATION NUMBER

09-06-95P01:32 RCVD

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): Walter
2. MIDDLE: Ewell
3. LAST (FAMILY): Stephens Jr.
4. DATE OF BIRTH MM/DD/CCYY: 12/23/1921
5. AGE YRS.: 73
IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: M
7. DATE OF DEATH MM/DD/CCYY: 07/16/1995
8. HOUR: 1334
9. STATE OF BIRTH: MS
10. SOCIAL SECURITY NO.: 321-22-8904
11. MILITARY SERVICE: 19 — TO 19 — [X] NONE
12. MARITAL STATUS: Widowed
13. EDUCATION — YEARS COMPLETED: 18
14. RACE: White
15. HISPANIC — SPECIFY: [ ] YES [X] NO
16. USUAL EMPLOYER: Salinas Union High School District
17. OCCUPATION: School Psychologist
18. KIND OF BUSINESS: Psychology
19. YEARS IN OCCUPATION: 27

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 626 California St.
21. CITY: Salinas
22. COUNTY: Monterey
23. ZIP CODE: 93901
24. YRS IN COUNTY: 28
25. STATE OR FOREIGN COUNTRY: California

INFORMANT

26. NAME, RELATIONSHIP: Ellen Cognina, Daughter
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): P.O. Box 137-Merrill, Oregon 97633

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: —
29. MIDDLE:
30. LAST (MAIDEN NAME): —
31. NAME OF FATHER—FIRST: Walter
32. MIDDLE: Ewell
33. LAST: Stephens Sr.
34. BIRTH STATE: IL
35. NAME OF MOTHER—FIRST: Buena
36. MIDDLE: Douglas
37. LAST (MAIDEN): Buffaloe
38. BIRTH STATE: TN

DISPOSITION(S)

39. DATE MM/DD/CCYY: 07/18/1995
40. PLACE OF FINAL DISPOSITION: Garden of Memories -Salinas, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): CR/BU
42. SIGNATURE OF EMBALMER: Not Embalmed
43. LICENSE NO.: —
44. NAME OF FUNERAL DIRECTOR: Struve and Laporte, Inc.
45. LICENSE NO.: 322
46. SIGNATURE OF LOCAL REGISTRAR: Bernt Jonelt MD
47. DATE MM/DD/CCYY: 07/18/1995

PLACE OF DEATH

101. PLACE OF DEATH: Salinas Valley Memorial Hosp
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [X] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL: [ ] CONV. HOSP. [ ] RES. [ ] OTHER
104. COUNTY: Monterey
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 450 East Romie Lane
106. CITY: Salinas

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) Coronary Atherosclerosis	Years
DUE TO	(B)	
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: [X] YES [ ] NO — REFERRAL NUMBER: 95-192
109. BIOPSY PERFORMED: [ ] YES [X] NO
110. AUTOPSY PERFORMED: [ ] YES [X] NO
111. USED IN DETERMINING CAUSE: [ ] YES [X] 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
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP

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: [X] 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: John DiCarlo
127. DATE MM/DD/CCYY: 07/18/1995
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER: John DiCarlo, Deputy Coroner

STATE REGISTRAR

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

MONTEREY CO. DEPT. OF HEALTH
STATE OF CALIFORNIA
COUNTY OF MONTEREY
DATE ISSUED: AUG - 9 1995
Bernt Jonelt MD Local Registrar.

01559

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Monterey County Vital Records.
This copy is not valid unless prepared on engraved border displaying seal and signature of local Registrar.

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Janna Ottman the 6th day of Sept A.D., 19 95 at 1:32 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 24004.

FEE $15.00

Bernetha G. Leisch, County Clerk
By Lynette Hartley