

5699

After recording return to:
George Stuckey
1368 Monserate Avenue
Chula Vista, CA 91911

09-06-95P03:57 RCVD

Vol. M95 Page 24093

ATC # 03043295

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITTED OUTS OR ALTERATIONS

VS-11 (REV. 7/23)

LOCAL REGISTRATION NUMBER

| | | | |
|---|---|--|---|
| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT—FIRST (GIVEN) ELIZABETH | | 2. MIDDLE HAZEL | |
| 3. LAST (FAMILY) STUCKEY | | | |
| 4. DATE OF BIRTH MM/DD/CCYY 11/09/1921 | 5. AGE YRS. 73 | 6. SEX F | 7. DATE OF DEATH MM/DD/CCYY 11/29/1994 |
| 8. HOUR 2050 | | | |
| 9. STATE OF BIRTH CT | 10. SOCIAL SECURITY NO. 043-18-2843 | 11. MILITARY SERVICE 19 to 19 <input checked="" type="checkbox"/> NONE | 12. MARITAL STATUS Married |
| 13. EDUCATION—YEARS COMPLETED 12 | | | |
| 14. RACE White | 15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 16. USUAL EMPLOYER Sweetwater Union High School Dist. | |
| 17. OCCUPATION Secretary | 18. KIND OF BUSINESS Education | 19. YEARS IN OCCUPATION 22 | |
| 20. RESIDENCE—STREET AND NUMBER OR LOCATION 1368 Monserate Avenue | | | |
| 21. CITY Chula Vista | 22. COUNTY San Diego | 23. ZIP CODE 91911 | 24. YRS IN COUNTY 41 |
| 25. NAME, RELATIONSHIP George J. Stuckey (Husband) | | 26. Mailing Address (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1368 Monserate Avenue, Chula Vista, CA 91911 | |
| 27. NAME OF SURVIVING SPOUSE—FIRST George | 28. MIDDLE J. | 29. LAST (MAIDEN NAME) Stuckey | |
| 30. NAME OF FATHER—FIRST William | 31. MIDDLE J. | 32. LAST Ard | 33. BIRTH STATE LA |
| 34. NAME OF MOTHER—FIRST Hazel | 35. MIDDLE - | 36. LAST (MAIDEN) Roberts | 37. BIRTH STATE CT |
| 38. DATE MM/DD/CCYY 12/02/1994 | 40. PLACE OF FINAL DISPOSITION RES: George J. Stuckey (Husband) 1368 Monserate Ave., Chula Vista, CA 91911 | | |
| 41. TYPE OF DISPOSITION(S) CR/ RES | 42. SIGNATURE OF EMBALMER Not Embalmed | | 43. LICENSE NO. - |
| 44. NAME OF FUNERAL DIRECTOR THE TELOPHASE SOCIETY | 45. LICENSE NO. F-1272 | 46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i> | 47. DATE MM/DD/CCYY 12/01/1994 |
| 101. PLACE OF DEATH Residence | 102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA | 103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input checked="" type="checkbox"/> RES. <input type="checkbox"/> OTHER | 104. COUNTY San Diego |
| 105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1368 Monserate Avenue | | 106. CITY Chula Vista | |
| 107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) | | TIME INTERVAL BETWEEN ONSET AND DEATH Minutes | 108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 11-497 |
| IMMEDIATE CAUSE (A) Cardiorespiratory Arrest | | 1 Month | 109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| DUE TO (B) Small Bowel Obstruction- partial | | 1 Year | 110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| DUE TO (C) Metastatic Ovarian Carcinoma | | | 111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| DUE TO (D) None | | | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Valvular Heart Disease; Rheumatoid Arthritis | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. Omental Biopsy- CT directed 11/12/1993 | | | |
| 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 03/15/1990 | 115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> MD DAVID HANSEN, MD | 116. LICENSE NO. A02426 | 117. DATE MM/DD/CCYY 12/1/94 |
| 118. TYPE ATTENDING PHYSICIAN QUALIFYING ADDRESS + ZIP 754 Medical Center Court, #100 Chula Vista, CA 91911 | 120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <i>[Signature]</i> | | 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 | |

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 6th day
of Sept A.D., 19 95 at 3:57 o'clock P M., and duly recorded in Vol. M95
of Deeds on Page 24093.

FEE \$10.00

Bernetha G. Letson, County Clerk
By *[Signature]*

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

REGISTRAR OF VITAL RECORDS

DATE ISSUED: December 02, 1994