

7162-A

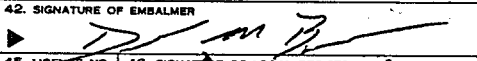


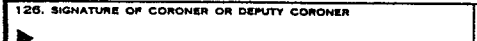
10-05-95A10:21 RCVD

Vol. m95 Page 26922

CERTIFICATE OF DEATH

3-95-01

001009

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS VS-11 (REV. 7/93)				LOCAL REGISTRATION NUMBER	
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)		
	FLORA		LOUELLA		STEVE		
	4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		6. SEX		
	09/03/1914		80		F		
	7. DATE OF DEATH MM/DD/CCYY		8. HOUR				
02/08/1995		1817					
USUAL RESIDENCE	9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		
	NB		559-01-0219		NONE		
	12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED				
	MARRIED		14				
	14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		
WHITE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		SELF-EMPLOYED			
INFORMANT	17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION		
	HOMEMAKER		OWN HOME		28		
	20. RESIDENCE—STREET AND NUMBER OR LOCATION		21. CITY		22. COUNTY		
	1408 VIA LUCAS		SAN LORENZO		ALAMEDA		
	23. ZIP CODE		24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY		
94580		45		CA			
SPOUSE AND PARENT INFORMATION	26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)				
	EUGENE STEVE; HUSBAND		1408 VIA LUCAS, SAN LORENZO, CA 94580				
	28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)		
	EUGENE		-		STEVE		
	31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		
JACKSON		-		RASHAW			
DISPOSITION(S)	34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE		
	NB		MARGARET		-		
	37. LAST (MAIDEN)		38. BIRTH STATE				
	SHARP		NB				
	39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION				
02/13/1995		MT. OLIVET CEMETERY, COLMA, CA					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.		
	CR/BU				7310		
	44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		
	SORENSEN BROS. MORTUARY, HAYWARD, CA		FD-126				
	47. DATE MM/DD/CCYY		48. SIGNATURE OF LOCAL REGISTRAR				
02/10/1995							
PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:		
	KAISER HOSPITAL		<input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		
	104. COUNTY		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY		
	ALAMEDA		27400 HESPERIAN BLVD.		HAYWARD		
	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER		
CAUSE OF DEATH	(A) ACUTE MYOCARDIAL INFARCTION		MINUTES		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO (B) -		-		109. BIOPSY PERFORMED		
	DUE TO (C) -		-		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO (D) -		-		110. AUTOPSY PERFORMED		
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
PHYSICIAN'S CERTIFICATION	111. USED IN DETERMINING CAUSE		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107				
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		RECENT UROSEPSIS				
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		
	-		DECEDENT ATTENDED SINCE MM/DD/CCYY		116. LICENSE NO.		
			DECEDENT LAST SEEN ALIVE MM/DD/CCYY		117. DATE MM/DD/CCYY		
CORONER'S USE ONLY	03/01/1981		02/08/1995		G37820		
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS • ZIP		119. MANNER OF DEATH		120. INJURY AT WORK		
	DAVID ANDERSON, M.D. 27400 HESPERIAN BL; HAYWARD, CA 94545		<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	121. INJURY DATE MM/DD/CCYY		<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		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. #			
				63243			
				CENSUS TRACT			

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Ret: Eugene Steve, 1408 Via Lucas
San Lorenzo, CA 94580Filed for record at request of Eugene Steve the 5th day
of October A.D., 19 95 at 10:21 o'clock A M., and duly recorded in Vol. M95
of Deeds on Page 26922

FEE \$10.00

By Annette Mueller County Clerk