

10017

## K-48126 CERTIFICATE OF DEATH

Vol. 1795 Page 33025

3-94-20-000414

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

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
		HAROLD		DENNIS		HANSEN	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH MM/DD/CCYY	
12/29/1921		72		M		09/08/1994	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
NB		508-14-6785		19 42 TO 19 46 NONE		MARRIED	
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		13. EDUCATION—YEARS COMPLETED	
CAUCASIAN		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		SELF-EMPLOYED		16	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION			
FARMER		AGRICULTURE		24			
20. RESIDENCE—STREET AND NUMBER OR LOCATION		21. CITY		22. COUNTY		23. ZIP CODE	
806 COLORADO		LOS BANOS		MERCED		93635	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY					
12		ca					
26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)					
MARY HANSEN - WIFE		806 COLORADO, LOS BANOS, CA		93635			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)			
MARY		SIDNEY		SCHINDLER			
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
HARRY		DENNIS		HANSEN		NB	
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE	
ELLA		-		CARLSON		NB	
39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION					
09/13/1994		SAN JOAQUIN VALLEY NAT'L. CEMETERY 32053 W. McCABE RD. GUSTINE, CA 95322					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.			
BU		Michael R. Sorenson		5663			
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE MM/DD/CCYY	
WHITEHURST CHAPEL-LOS BANOS		FD 313		Richard B. Arnold MD Eb		09/12/1994	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY	
MADERA COUNTY ROADWAY		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		<input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input checked="" type="checkbox"/> OTHER		MADERA	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY					
AVE 25 & RD 9		CHOWCHILLA					
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			
IMMEDIATE CAUSE (A) PENDING				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (B)				8469			
DUE TO (C)				109. BIOPSY PERFORMED			
DUE TO (D)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
				110. AUTOPSY PERFORMED			
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
				111. USED IN DETERMINING CAUSE			
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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.							
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		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE MM/DD/CCYY	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP							
119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE MM/DD/CCYY		122. HOUR	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		09/08/1994		0725	
<input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED						123. PLACE OF INJURY	
						Roadway	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		Victim struck broadside by another vehicle. (Driver)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		AVE 25 & RD 9 MADERA COUNTY, CHOWCHILLA, CA 93610					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
Mike Molsberben		09/12/1994		MIKE MOLSBEBEN-DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	

## CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

Richard B. Arnold Health Officer  
SIGNATURE OF CERTIFYING OFFICIAL OFFICIAL TITLE

Madera County Public Health Dept.  
PLACE OF CERTIFICATION

11/02/1994  
DATE OF CERTIFICATION

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

(REV. 11-1-70) FORM VS-109  
60689-450 2-72 20M © DSP

Return to not  
Hagman's St.

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS  
USE BLACK INK ONLY

3-94-20-000414

**BIRTH**

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		
STATE/LOCAL REGISTRAR USE ONLY	1.	2.
		3.

<b>PART 1</b>	<b>INFORMATION TO LOCATE RECORD</b>
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PART I INFORMATION TO LOCATE RECORD				
NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)	4. SEX
	Harold	Dennis	Hansen	M
ADDITIONAL INFORMATION TO LOCATE RECORD	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE	
	09/08/1994	Chowchilla	Madera	

**PART II STATEMENT OF CORRECTIONS**


[illegible]

LIST ONE  
ITEM  
PER LINE

2 OF 2

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION  
OF  
CERTIFYING  
PHYSICIAN  
OR CORONER

11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER 		12. DATE SIGNED--MM/DD/CCYY 10/26/1994	13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER Lou Beard, Deputy Coroner	
14. ADDRESS--STREET AND NUMBER 216 W. 6th St.		15. CITY Madera	16. STATE CA	17. ZIP CODE 93637

STATE/LOCAL  
REGISTRAR  
USE ONLY

18. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR Richard B. Richard B. Arnold, M.D.		19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY 10/31/1994
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STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

STATE OF OREGON,  
County of Klamath ss.

Filed for record at request of:

## CERTIFICATION STATEMENT

*This is to certify, that the attached is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.*

Richard B. O'Quinn Health Officer  
 SIGNATURE OF CERTIFYING OFFICIAL OFFICIAL TITLE

Madera County Public Health Dept  
PLACE OF CERTIFICATION

DATE OF CERTIFICATION

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

(REV. 11-1-70) FORM VS-199  
60555-450 2-72 20M (4) OBP

Klamath County Title Company

on this 4th day of December A.D. 19 95  
at 10:40 o'clock AM. and duly recorded  
in Vol. M95 of Deeds Page 33025  
Bernetha G. Letsch County Clerk

By Cornette Mueller Deputy.

Fee, \$15.00