CERTIFICATE OF DEATH

Vol. m95 Page 33025

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| | 1. NAME OF DECEDENT- | | | | | | | | - 1 | 77 4 370 | ESST | | | | |
| | HAROLD | | | | DENNIS | | | | 6. SEX | HANSEN SEX 7. DATE OF DEATH MM/DD/CCYY 8. HOUR | | | | | |
| 1 | 4. DATE OF BIRTH MM/DD/CCYY 5. AGE YRS | | | | IF UNDER 1 YEAR IF UNDER 24 HOURS | | | | м 09/08/1994 | | | | 072 | 5 | |
| DECEDENT PERSONAL DATA | 12/29/1921 72 9. STATE OF BIRTH 10. SOCIAL SECURITY NO. | | | | -i - | 11 101774 | RY SERVICE | i | | 2. MARITAL | | | UCATION - | YEARS CO | MPLETER |
| | 9. STATE OF BIRTH | 1 | | | | | | П | | MARRI | rn. | 16 | ~ | | |
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| | 14. RACE | | 18. 8(32) | ŀ | PECIFI | | | X No | | er.r-e | MPLOYED | | 1 / | 000 | $\overline{}$ |
| | CAUCASIAN | | | YES _ | 18. KIND | OF BUSINE | 85 | NO L | <u> </u> | , <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | 111 110 1 100 | 19. YE | ARLIN OC | CUPATION | 57 |
| | 17. OCCUPATION | | | | | | | | | 24 | | | , | | $\Box I$ |
| | FARMER AGRICULTURE | | | | | | | | | | | | | | |
| | 20. RESIDENCE STREET AND NUMBER OR LOCATION | | | | | | | | | | | | | | |
| USUAL | 806 COLORADO |) | | 22. C | OUNTY | | | 23. ZIP | CODE | | 24. YRS IN COU | NTY · | 25. STATE | E OR FOREIG | EN COUN |
| RESIDENCE | | | | 3472 | ימתפה | k. | | 9363 | 5 | | 12 | 1 | ca | | |
| | LOS BANOS 26. NAME, RELATIONSHIP | | | PIE | ERCED 93635 | | | | (STREET AND NUMBER OF RURAL ROUTE NUMBER | | | MBER, CITY | OR TOWN. | STATE. | |
| NFORMANT | MARY HANSEN | - WTE | FE. | | | | | | DO, LOS BANOS, CA 93635 | | | | | | |
| <u></u> | 28. NAME OF SURVIVING | | | $\neg \neg$ | 29. MIDOLE | | | | 30. LA | ST (MAIDEN | NAME) | | | | |
| . () | | | | 1 | STE | NEY | | | SC | HINDLI | ER | | | | |
| SPOUSE | MARY 31. NAME OF PATHER—F | IRST | | | 32. MID | | | | 33. LA | | | | | | BIRTH S |
| PARENT | HARRY | | | - | DEN | NIS | | | | NSEN | | | | N | |
| INFORMATION | 35. NAME OF MOTHER—FIRST | | | | 36. MIDDLE | | | | 37. LA | AST (MAIDEN | 0 | | | | BIRTH S |
| | ELLA | | | | | | | | CA | RLSON | | | | N | В |
| | 39. DATE MM/DD/C | YY 40. | D. PLACE OF P | FINAL DI | SPOSITIO | N | | | | | | | | | |
| DISPOSITION(S) | 09/13/1994 | 8 | JOAQU MAZ | UIN V | ALLEY | NAT'L. | CEMETER | Y 3205 | 3 W. | McCABE | RD. GUSTI | NE, C | A 953 | 22 | |
| | 41. TYPE OF DISPOSITION(S) | | | | 42. SIGNATURE OF EMBALMER | | | | 0 | 0 0 | | | 43. 602.134 1161 | | |
| FUNERAL | BU | | | | | MI | cka | er K | <u>×0</u> | rek | sen | | 56 | 63 ate mm/dd/ | CCYY |
| LOCAL | 44. NAME OF FUNERAL I | HECTOR | | | - 1 | 45. LICENSE | NO. 46. 8 | NATURE O | F LOCAL | REGISTRA | ed MO a | EG- | 0 0 | / 1 2 | 71 |
| REGISTRAR | WHITEHURST CHA | ਹਵਾ – ਜਿਥ | SRANOS | | . 1 | FD 313 | ▶/1 | | | | | M D | | | |
| 14 . i | 101. PLACE OF DEATH | <u> </u> | 02.2.02 | | 102 | IF HOSPITA | L, SPECIFY C | NE: 1 | | | THAN HOSPITAL: | | COUNTY | | |
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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.

Health Officer

1/02/1994 Madera County Public Health Dept DATE OF CERTIFICATION

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

(REV. 11-1-70) FORM VS-199

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PHYSICIAN/CORONER'S AMENDMENT

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STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH