

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

4100

3631

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	
1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
2B. HOUR		7. AGE	
3. SEX		4. RACE	
5. ETHNICITY		6. DATE OF BIRTH	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY	
12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		15. PRIMARY OCCUPATION	
16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
19B. CITY OR TOWN		19C. COUNTY	
19D. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
21A. PLACE OF DEATH		21B. COUNTY	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	
24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?	
26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
29. SPECIFIC ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
32B. HOUR		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)	
35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. CHALMER'S LICENSE NUMBER AND SIGNATURE	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRAR—SIGNATURE	
42. DATE OCCURRED BY LOCAL REGISTRAR		43. STATE	

Return to:
Joseph A. Bernal
950 Country Club Lane
Sonoma, CA
95476

SAN MATEO COUNTY
DEPARTMENT OF PUBLIC HEALTH AND WELFARE
225 - 37th AVENUE
SAN MATEO, CALIFORNIA
THIS IS TO CERTIFY THAT, IF BEARING THE DEPARTMENT SEAL,
THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

J.M. Bodie, M.D.

J.M. BODIE, M.D.
HEALTH OFFICER AND LOCAL REGISTRAR

DATE: November 24, 1981

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 4th day
of March A.D., 19 96 at 3:24 o'clock P M., and duly recorded in Vol. M96
of Deeds on Page 5930

FEE \$10.00

By Berntha G. Letsch, County Clerk