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STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

Vol. M96 Page 7744

MT 31289-HF

92-195841

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

39245 001519

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR	2B. HOUR	3. SEX
WALTER	EARL	BRAIN, JR.	DECEMBER 14,1992	1710	M

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Cauc.	☐ YES _____ ☒ NO	January 16, 1917	75		

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
CA	U.S.A.	Walter E. Brain, Sr.	CA	Leah Olofland	CA

12. MILITARY SERVICE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 42 TO 19 45 ☐ NONE	560-24-0956	Married	Evelyn LeClair

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Heavy Equipment Operator	County Government	Sonoma County	33	8

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
4425 East Bonnyview	Redding	96001

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Shasta	0	California	Evelyn A. Brain-Wife 4425 E. Bonnyview Redding, Ca 96001

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Redding Medical Center	IP	Shasta

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
1100 Butte St.	Redding

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cardiac Arrest	Immed.
DUE TO	(B) Adult Respiratory Distress Syndrome	2 Wks.
DUE TO	(C) Pneumonia & Congestive Heart Failure	2 weeks

22. WAS DEATH REPORTED TO CORONER — REFERRAL NUMBER: ☐ YES ☒ NO

23. WAS BIOPSY PERFORMED: ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED: ☒ YES ☐ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH: ☒ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: Mitral Insufficiency, Decreased Cardiac Output

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE: None

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED, FROM THE CAUSES STATED.

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
11-10-92	12-14-92		A032120	12-17-92

27E. TYPED ATTENDING PHYSICIAN'S NAME AND ADDRESS: Chae Hyum Moon, MD, 1555 East Street, #100, Redding, CA 96001

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER

28B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK ☐ YES ☐ NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YR.	35A. SIGNATURE OF EMBALMER	35B. LICENSE NO.
CR/BU	Santa Rosa Memorial Park Santa Rosa, California	12/21/1992	Joel Chambers	7388

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR STEPHEN J. PLANK, M.D., M.P.H. BY: Linda A. Allen Deputy	38. REGISTRATION DATE
McDoanld's Chapel	FD177		DEC 17 1992

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT
/	X	2				

VS-11 (REV. 7-92)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

RETURN TO: Evelyn A. Brain P.O. BOX 313 Tecopa, CA 92389

064903

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

S. Kimberly Belshé, Director and State Registrar of Vital Records

by: Peter Abbott M.D.M.P.H.

GEORGE B. (PETER) ABBOTT, JR., M.D., M.P.H., CHIEF
ACTING STATE REGISTRAR

DATE ISSUED MAR 14 1996

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 21st day of March A.D., 19 96 at 11:36 o'clock AM., and duly recorded in Vol. M96, of Deeds on Page 7744.

FEE $10.00

Bernetha G. Letsch, County Clerk

By _____