08-10-94A11:07 RCVD

85706

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY-NO STRIKEOVERS, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/93)

STATE FILE NUMBER

10893

9-94-41-002657

LOCAL REGISTRATION NUMBER

Vol m94 Page 24671

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
CAROL	ANN	HUNSAKER

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
05/23/1941	53			F	07/20/1994	0335

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION — YEARS COMPLETED
CA	551 56 7488	19 ___ TO 19 ___ [X] NONE	Nvr Mrd	14

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
White	[ ] YES _____ [X] NO	Dr. Douglas W. Crawford

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Office Manager	Dental	32

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 750 Pedro Mt. Rd.

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Montara	San Mateo	94037	25	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Donald Hunsaker, Brother	3557 Ballantyne Dr., Pleasanton, CA 94588

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)
-	-	-

31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
Jasper	Rolland	Hunsaker	CA

35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
Maggie	Elizabeth	Huxtable	CA

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
07/22/1994	Home of Peace Cemetery, Porterville, CA 93257

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
BU	▶ Not embalmed	-

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
Myers Funeral Service	FD 713	▶ Scott Morrow MD	07/20/1994

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
Residence	[ ] IP [ ] ER/OP [ ] DOA	[ ] CONV. HOSP. [ ] RES. [ ] OTHER	San Mateo

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION	106. CITY
750 San Pedro Mt. Road	Montara

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Metastatic intra-abdominal cancer	2½ yrs
DUE TO	(B)	
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO — REFERRAL NUMBER

109. BIOPSY PERFORMED: [X] YES [ ] NO

110. AUTOPSY PERFORMED: [ ] YES [X] NO

111. USED IN DETERMINING CAUSE: [ ] YES [ ] 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

No

PHYSICIAN'S CERTIFICATION

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	DECEDENT LAST SEEN ALIVE MM/DD/CCYY
12/13/1991	07/08/1994

115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
▶ Ann K Lanzerotti MD	G017197	07/20/1994

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: Ann K. Lanzerotti, MD, 1200 El Camino Real, SSF, CA 94080

CORONER'S USE ONLY

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

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
[ ] YES [ ] NO			

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
▶		

SAN MATEO COUNTY
DEPARTMENT OF HEALTH SERVICES

225 West 37th Avenue
San Mateo, California 94403

This is to certify that, if bearing the raised department seal, this is a true copy of the document filed in this office.

Scott Morrow MD

SCOTT MORROW, M.D.
Health Officer and Registrar

July 20, 1994

10894

24672

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Richard W Henson the 19th day of April A.D., 1995 at 9:22 o'clock AM., and duly recorded in Vol. M96, of Mortgages on Page 10891.

Bernetha G. Letsch, County Clerk

By

FEE $25.00

Return: Sharon O. Sliger
Box 370609
Montara, Ca. 94037