

22638

Vol. m96 Page 23831

CERTIFICATE OF DEATH

39507005313

STATE FILE NUMBER		39507005313	
1. NAME OF DECEDENT—FIRST GIVEN		2. MIDDLE	
EARL		LEROY	
3. LAST (FAMILY)		MORRILL	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.	
03/18/1925		70	
6. SEX		7. DATE OF DEATH MM/DD/CCYY	
M		11/26/1995	
8. HOURS		9. MINUTES	
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE	
CA 560-28-5467		12. MARRIAGE STATUS	
13. EDUCATION—YEARS COMPLETED		14. RACE	
12		Native American	
15. HISPANIC—SPECIFY		16. USUAL EMPLOYER	
17. OCCUPATION		18. KIND OF BUSINESS	
Welder		Construction	
19. YEARS IN OCCUPATION		20. RESIDENCE—STREET AND NUMBER OR LOCATION	
17		606 Andrew Way	
21. CITY		22. COUNTY	
El Sobrante		Contra Costa	
23. ZIP CODE		24. YRS IN COUNTY	
94803		70	
25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIONSHIP	
California		Gaye T. Morrill, Wife	
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)		28. NAME OF SURVIVING SPOUSE—FIRST	
606 Andrew Way, El Sobrante, CA 94803		Gaye	
29. MIDDLE		30. LAST (FAMILY)	
Thelma		Glenn	
31. NAME OF FATHER—FIRST		32. MIDDLE	
Earl		LeRoy	
33. NAME OF MOTHER—FIRST		34. MIDDLE	
Evelyn		Gertrude	
35. DATE MM/DD/CCYY		36. PLACE OF FINAL DISPOSITION	
12/01/1995		Sunset View Cemetery, Kensington, California	
37. TYPE OF DISPOSITION		38. SIGNATURE OF REGISTRAR	
CR - BU		Richard Deacon	
39. NAME OF FUNERAL DIRECTOR		40. LICENSE NO.	
Wilson & Kratzner - Richmond		7828	
41. PLACE OF DEATH		42. SIGNATURE OF LOCAL REGISTRAR	
Usual Residence		Richard Deacon	
43. STREET ADDRESS—STREET AND NUMBER OR LOCATION		44. DATE MM/DD/CCYY	
606 Andrew Way		11/28/1995	
45. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D		46. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (A) Cardiac Arrest		YES ☐ NO ☒	
DUE TO (B) Congestive Heart Failure		108. DEATH REPORTED TO CORONER	
DUE TO (C) Coronary Artery Disease		YES ☐ NO ☒	
DUE TO (D)		109. DEATH REPORTED TO CORONER	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		YES ☐ NO ☒	
111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? IF YES, LIST TYPE OF OPERATION AND DATE		112. SIGNATURE AND TITLE OF CERTIFIER	
Coronary Artery Bypass Surgery & Aortic Valve Replacement 05/13/1991		Barry Massie MD	
113. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		114. LICENSE NO.	
11/28/1994 11/20/1995		G26858	
115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS - ZIP		116. DATE MM/DD/CCYY	
Barry Massie MD, 4150 Clement St. San Francisco, Ca. 94124		11/27/1995	
117. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		118. MANNER OF DEATH	
119. MANNER OF DEATH		120. MANNER OF DEATH	
NATURAL ☐ SUICIDE ☐ HOMICIDE ☐		NATURAL ☐ SUICIDE ☐ HOMICIDE ☐	
ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED ☐		ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED ☐	
121. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		122. SIGNATURE OF CORONER OR DEPUTY CORONER	
123. SIGNATURE OF CORONER OR DEPUTY CORONER		124. DATE MM/DD/CCYY	
125. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		126. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
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CERTIFICATION
STATEMENT

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named person as registered in this office.

Signature of Certifying Official

Richard Deacon

Official Title

Place of Certification

Contra Costa County Health Services, Public Health Division

Martinez, California

Date of Certification

03/14/1996

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Michael Tuchsien the 5th day
of August A.D., 19 96 at 1:46 o'clock PM., and duly recorded in Vol. M96
of Deeds on Page 23831

FEE \$10.00

Return: Michael Tuchsien
5501 Sun Glen Drive
Salida, California 95368-9057

By

County Clerk

Shirley J. Tuchsien