CERTIFICATION OF VITAL RECORD

ATC 05048586

70657

COUNTY OF YOLO

WOODLAND, CALIFORNIA 95695

Vol. M98 Page 43764

'98 DEC -1 AM 11:24

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): ROSE
2. MIDDLE: Marie
3. LAST (FAMILY): DAIGH
4. DATE OF BIRTH MM/DD/CCYY: 12/31/1931
5. AGE YRS.: 64
8. SEX: F
7. DATE OF DEATH MM/DD/CCYY: 01/08/1996
8. HOUR: 1105
9. STATE OF BIRTH: IA
10. SOCIAL SECURITY NO.: 564-44-6714
11. MILITARY SERVICE: 19 — TO 19 — ☐ NONE
12. MARITAL STATUS: Married
13. EDUCATION—YEARS COMPLETED: 8
14. RACE: White
15. HISPANIC—SPECIFY: ☐ YES ☒ NO
17. OCCUPATION: Homemaker
18. KIND OF BUSINESS: Homemaking
16. USUAL EMPLOYER: Self Employed
19. YEARS IN OCCUPATION: 45

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 608 Todhunter Avenue
21. CITY: West Sacramento
22. COUNTY: Yolo
23. ZIP CODE: 95605
24. YRS IN COUNTY: 45
25. STATE OR FOREIGN COUNTRY: CA

INFORMANT

26. NAME, RELATIONSHIP: Harman Daigh - Husband
27. MAILING ADDRESS: 608 Todhunter Avenue West Sacramento, CA 95605

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: Harman
29. MIDDLE:
30. LAST (MAIDEN NAME):
31. NAME OF FATHER—FIRST: John
32. MIDDLE: Glenn
33. LAST: Daigh
34. BIRTH STATE: Unknown
35. NAME OF MOTHER—FIRST: Katherine
36. MIDDLE:
37. LAST (MAIDEN): Sumner Wolf
38. BIRTH STATE: Unknown

DISPOSITION(S)

39. DATE MM/DD/CCYY: 01/12/1996
40. PLACE OF FINAL DISPOSITION: Mt. Vernon Memorial Park, Fair Oaks, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): BU
42. SIGNATURE OF EMBALMER: (signature)
43. LICENSE NO.: 7909
44. NAME OF FUNERAL DIRECTOR: Mt. Vernon Mortuary
45. LICENSE NO.: F1150
46. SIGNATURE OF LOCAL REGISTRAR: (signature)
47. DATE MM/DD/CCYY: 01/11/1996

PLACE OF DEATH

101. PLACE OF DEATH: Residence
102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☐ CONV. HOSP. ☐ RES. ☐ OTHER
104. COUNTY: Yolo
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 608 Todhunter Avenue
106. CITY: West Sacramento

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A) CARCINOMA OF LUNG — TIME INTERVAL BETWEEN ONSET AND DEATH: 1 YR

DUE TO (B)

DUE TO (C)

DUE TO (D)

108. DEATH REPORTED TO CORONER: ☒ YES ☐ NO — REFERRAL NUMBER: 10105
109. BIOPSY PERFORMED: ☐ YES ☒ NO
110. AUTOPSY PERFORMED: ☐ YES ☒ 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.

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: 06/06/1995
DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 12/05/1995
115. SIGNATURE AND TITLE OF CERTIFIER: (signature)
116. LICENSE NO.: G019299
117. DATE MM/DD/CCYY: 01/09/1996
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: EDWARD HEARN, M.D., 2025 MORSE AVE., SACRAMENTO, CA 95825

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. INJURED AT WORK: ☐ YES ☐ NO
121. INJURY DATE MM/DD/CCYY
122. HOUR
123. PLACE OF INJURY
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

STATE REGISTRAR: A B C D E F G H — FAX AUTH. # — CENSUS TRACT

42253

STATE OF CALIFORNIA }
COUNTY OF YOLO } ss

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the YOLO COUNTY PUBLIC HEALTH DEPARTMENT.

DATE ISSUED JAN 25 1996

Robert O. Bates, Jr. MD
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title & Escrow the 1st day of December A.D., 19 98 at 11:24 o'clock A. M., and duly recorded in Vol. M98, of Deeds on Page 43764.

Bernetha G. Letsch, County Clerk

By Kathleen Ross

FEE $10.00