COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

70690

Vol 498 Page 43866

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER — USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS — VS-11 (REV. 7/97)

3-1998-49-000775 — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
BURTON	-	LONG

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
08/26/1928	69			M	03/06/1998	2205

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
MO	572-20-9733	[X] YES [ ] NO [ ] UNK	DIVORCED	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
CAUCASIAN	[ ] YES [X] NO	PACIFIC BELL

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
SWITCHMAN	TELECOMMUNICATIONS	26

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION)	21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
717 MADISON STREET	PETALUMA	SONOMA	94952	3	CA

1 of 2

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
ORVAL LONG, BROTHER	15455-411 GLEN OAKS BLVD., SYLMAR, CA 91342

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
ORVAL	H.	LONG	MO

35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
JANET	-	DONALDSON	MT

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
03/13/1998	RES: KATHY PETERSON, 5 CHUGACH AVE., KENAI, AK 99611

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
CR/TR/RES	NOT EMBALMED	-

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
NEPTUNE SOCIETY OF NORTHERN CA	FD-1334	George R Bloomer MD	03/13/1998

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
BEVERLY MANOR CONV. HOSP.	[ ] IP [ ] ER/OP [ ] DOA [X] CONV. HOSP. [ ] RES. CARE [ ] OTHER		SONOMA

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	106. CITY
101 MONROE ST.	PETALUMA

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	108. DEATH REPORTED TO CORONER
IMMEDIATE CAUSE	(A) CEREBROVASCULAR ACCIDENT	1 WEEK	[ ] YES [X] NO (SPECIAL NUMBER)
DUE TO	(B) ARTERIOSCLEROTIC VASCULAR DISEASE	10 YRS	109. BIOPSY PERFORMED [ ] YES [X] NO
DUE TO	(C) HYPERTENSION	12 YRS	110. AUTOPSY PERFORMED [ ] YES [X] NO
DUE TO	(D)		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	DECEDENT LAST SEEN ALIVE MM/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
01/28/1998	02/24/1998	Edward Loker MD	G063914	03/13/1998

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP

EDWARD LOKER,MD,108 LYNCH CREEK WAY, PETALUMA, CA 94954

CORONER'S USE ONLY

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

118. 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, ZIP)

126. SIGNATURE OF CORONER OR DEPUTY CORONER — 127. DATE MM/DD/CCYY — 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

228672

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								1288	

'98 DEC -1 P2:22

STATE OF CALIFORNIA } ss
COUNTY OF SONOMA }

CERTIFIED COPY OF VITAL RECORDS

04/03/1998
DATE ISSUED

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

George R Bloomer MD
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

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

COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

43867

AFFIDAVIT TO AMEND A RECORD

STATE FILE NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

NO ERASURES, WHITEOUTS, OR ALTERATIONS

3-1998-49-000775

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
NAME AS IT APPEARS ON RECORD	BURTON	-	LONG

	4. SEX	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE
ADDITIONAL INFORMATION TO LOCATE RECORD	M	03/06/1998	PETALUMA	SONOMA

8. FATHER'S NAME AS STATED ON ORIGINAL	9. MOTHER'S NAME AS STATED ON ORIGINAL
ORVAL H. LONG	JANET DONALDSON

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

2 of 2

	10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
LIST ONE ITEM PER LINE	9	MO	MY

REASON FOR CORRECTION	13. TO CORRECT RECORD

AFFIDAVITS AND SIGNATURES We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM

14. SIGNATURE OF FIRST PERSON	15. TITLE/RELATIONSHIP TO PERSON IN PART I	16. DATE SIGNED—MM/DD/CCYY
▶ [signature]	FUNERAL DIRECTOR	03/23/1998
17. AGE	**18. ADDRESS (STREET, CITY, STATE, ZIP)**	
ADULT	2607 SANTA ROSA AVE., SANTA ROSA, CA 95407	

USE BLACK INK ONLY

19. SIGNATURE OF SECOND PERSON	20. TITLE/RELATIONSHIP TO PERSON IN PART I	21. DATE SIGNED—MM/DD/CCYY
▶ [signature]	FUNERAL DIRECTOR	03/23/1998
22. AGE	**23. ADDRESS (STREET, CITY, STATE, ZIP)**	
ADULT	2607 SANTA ROSA AVE., SANTA ROSA, CA 95407	

STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR	25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY
22866	▶ [signature]	03/23/1998

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SONOMA } ss

04/03/1998
DATE ISSUED

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[signature]
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

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 Orval Long the 1st day of December A.D., 19 98 at 2:22 o'clock P. M., and duly recorded in Vol. M98, of Deeds on Page 43866.

Bernetha G. Letsch, County Clerk

FEE $15.00

By Kathleen Ross