

COUNTY OF MONTEREY

Salinas, California

CERTIFIED COPY OF VITAL RECORDS

Vol M99 Page

3182

MT 1396-1214
CERTIFICATE OF DEATH

3199927

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VB-11 (REV. 7/97)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) CECIL		2. MIDDLE MONROE		3. LAST (FAMILY) CORBUS	
4. DATE OF BIRTH M/M/DD/CCTV 10/11/1923		5. AGE YRS. 75		6. SEX M	
7. DATE OF DEATH M/M/DD/CCTV 04/20/1999		8. HOUR 2005			
9. STATE OF BIRTH KS		10. SOCIAL SECURITY NO. 447-12-6789		11. MILITARY SERVICE ☒ YES ☐ NO ☐ UNK	
12. MARITAL STATUS WIDOWED		13. EDUCATION—YEARS COMPLETED 12			
14. RACE WHITE		15. HISPANIC—SPECIFY ☐ YES ☒ NO		16. USUAL EMPLOYER SALINAS ARMATURE	
17. OCCUPATION ELECTRICIAN		18. KIND OF BUSINESS ELECTRICAL MOTOR REPAIR		19. YEARS IN OCCUPATION 40	
20. RESIDENCE (STREET AND NUMBER OR LOCATION) 29130 JACKS ROAD		21. CITY CHUALAR		22. COUNTY MONTEREY	
23. ZIP CODE 93925		24. YRS IN COUNTY 56		25. STATE OR FOREIGN COUNTRY CA	
26. NAME RELATIONSHIP DAVID BOLCAO, GRANDSON		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER CITY OR TOWN STATE ZIP) 474 NATIVIDAD ROAD SALINAS, CA 93906			
28. NAME OF SURVIVING SPOUSE—FIRST JOSEPH		29. MIDDLE —		30. LAST (MAIDEN NAME) CORBUS	
31. NAME OF FATHER—FIRST JOSEPH		32. MIDDLE —		33. LAST CORBUS	
34. NAME OF MOTHER—FIRST BEULAH		35. MIDDLE —		36. LAST (MAIDEN) SEXTON	
37. DATE M/M/DD/CCTV 04/23/1999		38. PLACE OF FINAL DISPOSITION GARDEN OF MEMORIES CEMETERY SALINAS, CA 93901			
39. TYPE OF DISPOSITION BU		40. SIGNATURE OF EMBALMER <i>Doug Lockhart</i>		41. LICENSE NO. 8421	
42. NAME OF FUNERAL DIRECTOR HEALEY MORTUARY, INC.		43. SIGNATURE OF LOCAL REGISTRAR <i>Rout J. Melton</i>		44. DATE M/M/DD/CCTV 04/22/1999	
45. PLACE OF DEATH RESIDENCE		46. IF HOSPITAL SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA		47. FACILITY OTHER THAN HOSPITAL ☐ CONV. HOSP. ☐ RES. CARE ☐ OTHER	
48. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 29130 JACKS ROAD		49. COUNTY MONTEREY		50. CITY CHUALAR	
51. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) BRAIN METASIS (B) LUNG CANCER		52. TIME INTERVAL BETWEEN ONSET AND DEATH 1 WEEK		53. DEATH REPORTED TO CORONER ☐ YES ☒ NO	
54. DUE TO (B) 3 WEEKS		55. 109. BIOPSY PERFORMED ☐ YES ☒ NO		56. 110. AUTOPSY PERFORMED ☐ YES ☒ NO	
57. DUE TO (C) 111. USED IN DETERMINING CAUSE		58. YES ☐ NO ☒			
59. DUE TO (D)					
60. 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE					
61. 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE LUNG BIOPSY 4/13/1999					
62. 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT LAST SEEN ALIVE M/M/DD/CCTV 04/2/1999 4/17/1999		63. 115. SIGNATURE AND TITLE OF CERTIFIER <i>Shahzad</i>		64. 116. LICENSE NO. A 66796	
65. 117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP SHEHZAD AZIZ MD 1033 LOS PALOS DR. SALINAS, CA 93901		66. 118. INJURY DATE M/M/DD/CCTV 04/22/1999		67. 119. HOUR 123	
68. 120. PLACE OF INJURY 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
69. 121. MANNER OF DEATH ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED		70. 122. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Rout J. Melton</i>		71. 123. DATE M/M/DD/CCTV APR 28 1999	
72. 124. TYPED NAME TITLE OF CORONER OR DEPUTY CORONER 57977		73. 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		74. 126. FAX AUTH. #	
75. 127. STATE REGISTRAR		76. 128. CENSUS TRACT			

MONTEREY CO. DEPT. OF HEALTH
STATE OF CALIFORNIA
COUNTY OF MONTEREY

DATE ISSUED

APR 28 1999

57977

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

31823

AFTER RECORDING RETURN TO:

Laura C. Bolcao Odenius
1422 Jim Creek Road
Arlington, WA 98223

State of Oregon, County of Klamath
Recorded 8/06/99, at 11:25 A. m.
In Vol. M99 Page 31823
Linda Smith,
County Clerk Fee \$ 15.00