COUNTY OF PLACER

Auburn, California 95603

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER — USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS — LOCAL REGISTRATION NUMBER: 31993

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)				
SYLVIA	MARGARET	WILSON				
4. DATE OF BIRTH MM/DD/CCYY	5. AGE IN YRS	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HOURS HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM DD CCYY	8. HOUR
08/15/1933	65			F	07/31/1999	1145
9. STATE OF BIRTH	10. SOCIAL SECURITY NO	11. MILITARY SERVICE		12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED	
England	215-66-0261	YES X NO		Married	9	
14. RACE	15. HISPANIC, SPECIFY			16. USUAL EMPLOYER		
White	YES X NO			Self Employed		
17. OCCUPATION	18. KIND OF BUSINESS			19. YEARS IN OCCUPATION		
Homemaker	Own Home			46		

DECEDENT PERSONAL DATA

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
3855 Baltic Circle				
21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Rocklin	Placer	95677	1	CA

USUAL RESIDENCE

26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR R.D. BOX NUMBER, CITY, STATE, ZIP CODE)	
Samuel Warren Wilson - husband		3855 Baltic Circle, Rocklin, CA 95677	

INFORMANT

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
Samuel	Warren	Wilson	
31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. STATE OR FOREIGN COUNTRY
Peter	Charles	Himpfen	England
35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. STATE OR FOREIGN COUNTRY
Laura	Eliza	Dargue	England

SPOUSE AND PARENT INFORMATION

39. DATE M M/D D/C C Y Y	40. PLACE OF FINAL DISPOSITION
08/04/1999	Newcastle District Cemetery, Newcastle, CA

DISPOSITION(S)

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER		43. LICENSE NO
CR/BU	Not Embalmed		
44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO	46. SIGNATURE OF REGISTRAR	47. DATE M M D D C C Y Y
Sands Foothill Chapel	FD1085	[signature]	08/03/1999 SS

FUNERAL DIRECTOR AND LOCAL REGISTRAR

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
Kaiser Foundation Hospital	[X] IP [ ] ER/OP [ ] DOA	[ ] CONV HOSP [ ] NURS CARE [ ] OTHER	Placer
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			106. CITY
1600 Eureka Road			Roseville

PLACE 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)	Respiratory Failure	Hours
DUE TO (B)	End Stage Chronic Obstructive Pulmonary Disease	Years
DUE TO (C)		
DUE TO (D)		

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO
109. AUTOPSY PERFORMED: YES X NO
110. AUTOPSY FINDINGS AVAILABLE: YES X NO
111. ANESTHETIC, OBSTETRIC PROCEDURE: YES X NO

CAUSE OF DEATH

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: None

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? YES. LIST TYPE OF OPERATION AND DATE: No

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 M M D D C C Y Y
06/14/1999	07/19/1999	[signature]	G074874	08/02/1999
		118. TYPE APPROVED, PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: Kurt Swartout, M.D., 1600 Eureka Road, Roseville, CA 95661		

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED	120. INJURY AT WORK	122. HOUR	123. PLACE OF INJURY
119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED	[ ] YES [ ] NO		
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ETC.)	124. DESCRIBE HOW INJURY OCCURRED		

CORONER'S USE ONLY

126. SIGNATURE OF CORONER OR DEPUTY CORONER — 127. DATE M M D D C C Y Y — 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E	F	G	H	FAX AUTH # 64335	CENS S TRACT

61493

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF PLACER } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department

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

Richard J. Burton M.D.
HEALTH OFFICER
AND LOCAL REGISTRAR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PLACER COUNTY, CALIF.

THIS DOCUMENT CONTAINS SECURITY FEATURES — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

32779

RETURN TO:
GRANTEE LIC WILSON
3575 BARTIC CIRCLE
FICHLIN, CA 95673

State of Oregon, County of Klamath
Recorded 8/13/99, at 2:26 p. m.
In Vol. M99 Page 32778
Linda Smith,
County Clerk Fee$ 15 KR