

STATE FILE NUMBER		CERTIFICATE OF DEATH STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME		2a. DATE OF DEATH—MONTH, DAY, YEAR		2b. HOUR		
	3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH		7. AGE (LAST BIRTHDAY)			
	8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER		10. CITIZEN OF WHAT COUNTRY		11. SOCIAL SECURITY NUMBER			
	12. LAST OCCUPATION	13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)		15. KIND OF INDUSTRY OR BUSINESS				
	16. IF DECEASED WAS EVER IN U.S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		18a. NAME OF PRESENT SPOUSE		18b. PRESENT OR LAST OCCUPATION OF SPOUSE			
PLACE OF DEATH	19a. PLACE OF DEATH—NAME OF HOSPITAL			19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)			OUTSIDE CITY CORPORATE LIMITS		
	19c. CITY OR TOWN			19d. COUNTY		19e. LENGTH OF STAY IN COUNTY OF DEATH	19f. LENGTH OF STAY IN CALIFORNIA		
LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)	20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)			20b. IF INSIDE CITY CORPORATE LIMITS CHECK ONE		21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)			
	20c. CITY OR TOWN			20d. COUNTY		21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEASED)			
PHYSICIAN'S OR CORONER'S CERTIFICATION	22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 3/17/66 AND THAT I LAST SAW THE DECEASED ALIVE ON 3/17/66			22c. PHYSICIAN OR CORONER—SIGNATURE			DEGREE OR TITLE		
	22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INVESTIGATION, AUTOPSY, INQUIRY ON THE REMAINS OF DECEASED AS REQUIRED BY LAW			22d. ADDRESS			22e. DATE SIGNED		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION		24. DATE		25. NAME OF CEMETERY OR CREMATORY		26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER		
	27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR		29. LOCAL REGISTRAR—SIGNATURE				
CAUSE OF DEATH	30. CAUSE OF DEATH						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Cardiac Respiratory Insufficiency Sudden Myocardial Insufficiency ASHD								
OPERATION AND AUTOPSY	31. OPERATION—CHECK ONE						32. DATE OF OPERATION	33. AUTOPSY—CHECK ONE	
	34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE								
INJURY INFORMATION	34b. DESCRIBE HOW INJURY OCCURRED						35d. CITY, TOWN OR LOCATION	COUNTY	STATE
	35a. TIME OF INJURY								
35b. INJURY OCCURRED						35c. PLACE OF INJURY (IF IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE, BUILDING)			

STATE OF CALIFORNIA
COUNTY OF SAN LUIS OBISPO
I, Wm. E. Zimark, Recorder of San Luis Obispo County, Calif. do hereby certify that I have compared the foregoing document with the original record in Vol. 52 of Deaths at page 11 and that it is a full, true and correct transcript of the same.
Witness my hand and official seal this 2nd day of March 1966
Wm. E. Zimark, Recorder
By Betty J. Smith Deputy Recorder

3-1056