

STATE  
FILE  
NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION 4000  
DISTRICT AND 237  
CERTIFICATE NUMBER 11

547

DECEDENT PERSONAL DATA	1A. NAME OF DECEASED—FIRST NAME <b>Jeanette</b>	1B. MIDDLE NAME <b>Graybill</b>	1C. LAST NAME <b>Graybill</b>	2A. DATE OF DEATH—MONTH, DAY, YEAR <b>March 17, 1966</b>	2B. HOUR <b>9:00 P. M.</b>
	3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Kansas</b>	6. DATE OF BIRTH <b>April 27, 1883</b>	7. AGE (LAST BIRTHDAY) <b>82 YEARS</b>
	8. NAME AND BIRTHPLACE OF FATHER <b>Robert Houston</b>		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Almira Lewis</b>	10. CITIZEN OF WHAT COUNTRY <b>United States</b>	11. SOCIAL SECURITY NUMBER <b>none</b>
	12. LAST OCCUPATION <b>Homemaker</b>		13. NUMBER OF YEARS IN THIS OCCUPATION <b>60</b>	14. NAME OF LAST EMPLOYING COMPANY OR FIRM <b>Self</b>	15. KIND OF INDUSTRY OR BUSINESS <b>home</b>
	16. IF DECEASED WAS EVER IN U. S. ARMED FORCES GIVE WAR OR DATES OF SERVICE <b>no</b>		17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	18A. NAME OF PRESENT SPOUSE <b>Roy Graybill</b>	18B. PRESENT OR LAST OCCUPATION OF SPOUSE <b>Furniture finisher</b>
	DE OF DEATH	19A. PLACE OF DEATH—NAME OF HOSPITAL <b>Danish Convalescent Home</b>		19B. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) <b>10805 El Camino Real</b>	19C. CITY OR TOWN <b>Atascadero</b>
	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) <b>9100 San Gabriel Road</b>		20B. IF INSIDE CITY CORPORATE LIMITS <input type="checkbox"/> CHECK HERE <input type="checkbox"/> ON A FARM <input checked="" type="checkbox"/> NOT ON A FARM	21A. LENGTH OF STAY IN COUNTY OF DEATH <b>36 YEARS</b>
	PHYSICIAN'S OR CORONER'S CERTIFICATION	20C. CITY OR TOWN <b>Atascadero</b>		20D. COUNTY <b>San Luis Obispo</b>	21B. ADDRESS OF INFORMANT <b>3117 66</b>
	FUNERAL DIRECTOR AND LOCAL REGISTRAR	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 TO <b>3/17/66</b> AND THAT I LAST SAW THE DECEASED ALIVE ON <b>3/17/66</b>		22C. PHYSICIAN OR CORONER—SIGNATURE <b>John Finocchiaro</b>	22D. ADDRESS <b>P.O. Drawer F Atascadero</b>
	CAUSE OF DEATH	23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Burial</b>		24. DATE <b>3-21-66</b>	25. NAME OF CEMETERY OR CREMATORIAL <b>Paso Robles District</b>
OPERATION AND AUTOPSY	27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Kuehl Funeral Home</b>		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>3/31/66</b>	29. LOCAL REGISTRAR—SIGNATURE <b>George L. Harper</b>	
INJURY INFORMATION	30. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A)  CONDITIONS IF ANY WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST DUE TO (B)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A) <b>Cardio Respiratory Insufficiency</b> <b>Myocardial Insufficiency</b> <b>A SHD</b> <b>Kidney Insufficiency</b>		ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C)  <b>Sudden</b> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
31. OPERATION—CHECK ONE <input checked="" type="checkbox"/> NO OPERATION PERFORMED <input type="checkbox"/> OPERATION PERFORMED OPERATION PERFORMED— FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		32. DATE OF OPERATION <b>3/31/66</b>	33. AUTOPSY—CHECK ONE <input checked="" type="checkbox"/> NO AUTOPSY PERFORMED <input type="checkbox"/> AUTOPSY PERFORMED GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	AUTOPSY PERFORMED— GROSS FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	
34A. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE <b>35A. TIME OF INJURY HOUR MONTH DAY YEAR M</b>		34B. DESCRIBE HOW INJURY OCCURRED <b>35B. INJURY OCCURRED WHILE AT HOME NOT WHILE AT WORK</b>	35C. PLACE OF INJURY <b>IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING</b>		
35D. CITY, TOWN OR LOCATION <b>Atascadero, San Luis Obispo County, Calif.</b>		COUNTY <b>San Luis Obispo</b>		STATE <b>Calif.</b>	

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 **Records** at page **11**, and that it is a full, true, and correct transcript of the same.

Witness my hand and official seal this day of **March**, 19 **71**.

Wm. E. Zimark, Recorder

By **Betty J. Smith**, Deputy Recorder

3-1050