

584

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

50 1608

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER										
1A. NAME OF DECEDENT—FIRST Hazel		1B. MIDDLE Townsend		1C. LAST Coeur-Barron		2A. DATE OF DEATH (MONTH, DAY, YEAR) October 4, 1979	2B. HOUR 0605						
3. SEX Female	4. RACE Cauc.	5. ETHNICITY		6. DATE OF BIRTH July 10, 1892		7. AGE 87	IF UNDER 1 YEAR MONTHS DATE	IF UNDER 24 HOURS HOURS MINUTES					
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Washington		9. NAME AND BIRTHPLACE OF FATHER Roger Lewis Foss - Missouri			10. BIRTH NAME AND BIRTHPLACE OF MOTHER Emma Jane Townsend - Missouri								
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 565-20-4736A		13. MARITAL STATUS Divorced		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) ---							
15. PRIMARY OCCUPATION Registered Nurse		16. NUMBER OF YEARS THIS OCCUPATION Adult life		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Paul Travis M.D.		18. KIND OF INDUSTRY OR BUSINESS Medical							
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 415 Bonita Ave.				19B. COUNTY Stanislaus		19C. CITY OR TOWN Modesto							
19D. COUNTY Stanislaus		19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mrs. Neil Coeur-Barron (dau.in-law)									
21A. PLACE OF DEATH Evergreen Convalescent Hospital		21B. COUNTY Stanislaus		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 415 Bonita Ave.									
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2030 Evergreen		21D. CITY OR TOWN Modesto		21E. CITY OR TOWN Modesto, CA.									
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)											
(A) Sepsis		ONE OF OR AS A CONSEQUENCE OF		1 week		24. WAS DEATH REPORTED TO CORONER? No							
(B) ---		ONE TO, OR AS A CONSEQUENCE OF		---		25. WAS BIOPSY PERFORMED? No							
(C) Urinary Tract infection		ONE TO, OR AS A CONSEQUENCE OF		---		26. WAS AUTOPSY PERFORMED? No							
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH Aortic stenosis with insufficiency with heart failure				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION No									
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		28B. PHYSICIAN—SIGNATURE AND DESIGNEE OF TITLE Thomas D. Muranthen M.D. 10/4/79		28C. DATE SIGNED 10-1-79		28D. PHYSICIAN'S LICENSE NUMBER A 30520							
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR					
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)											
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST INVESTIGATION)		35B. CORONER—SIGNATURE AND DESIGNEE OR TITLE Kevin Kelly M.D. M				35C. DATE SIGNED OCT 5 - 1979							
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR Oct. 5, 1979		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Lakewood Memorial Park Hughson, CA.		39. CHANELLER'S LICENSE NUMBER AND SIGNATURE not embalmed							
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Thompson Memorial Chapel		41. LOCAL REGISTRAR—SIGNATURE Kevin Kelly M.D. M				42. DATE ACCEPTED BY LOCAL REGISTRAR OCT 5 - 1979							
STATE REGISTRAR		A.		B.		C.		D.		E.		F.	

I CERTIFY THIS INSTRUMENT TO BE A TRUE CERTIFIED COPY OF THE RECORD IN THIS OFFICE.

ATTEST: NOV 2 1 1985

DAVID A. WURM, RECORDER
STANISLAUS COUNTY, CALIF.

BY: *Kevin Kelly*

Deputy Recorder

