

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF KINGS

HANFORD, CALIFORNIA

STATE FILE NUMBER		CERTIFICATE OF DEATH				LOCAL REGISTRATION	
		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				DISTRICT AND CERTIFICATE NUMBER 1600-275	
DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME		2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR	
	BERT	FRANK	HEATH		8-21-64	1:40 A	
	3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	
	M	WHITE	KANSAS	7-25-00	64	YEARS	
	8. NAME AND BIRTHPLACE OF FATHER		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER		10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	
No Record		No Record		USA	545-10-1003		
PLACE OF DEATH	12. LAST OCCUPATION	13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM		15. KIND OF INDUSTRY OR BUSINESS		
	Hotel Owner	20	Self		Hotel		
	16. IF DECEASED WAS EVER IN U.S. ARMED FORCES	17. SPECIFY MARRIED NEVER MARRIED WIDOWED DIVORCED		18a. NAME OF PRESENT SPOUSE		18b. PRESENT OR LAST OCCUPATION OF SPOUSE	
	No	Married		Hazel Heath		Housewife	
	19a. PLACE OF DEATH—NAME OF HOSPITAL	19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION)			19c. LENGTH OF STAY IN COUNTY OF DEATH		
AVENAL DISTRICT HOSPITAL	3rd & Alpine Street			6 YEARS			
LAST USUAL RESIDENCE	20a. LAST USUAL RESIDENCE—STREET ADDRESS	20b. IF INSIDE CITY CORPORATE LIMITS		21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)		21b. ADDRESS OF INFORMANT	
	260 Kings Street	<input checked="" type="checkbox"/> CHECK HERE		Hazel Heath		Same	
	20c. CITY OR TOWN	20d. COUNTY	20e. STATE	21c. DATE SIGNED			
	Avenal	Kings	Calif.	8/21/64			
	22a. PHYSICIAN		22c. PHYSICIAN OR CORONER—SIGNATURE		22e. DATE SIGNED		
8-21-64		A. M. SHANKEL, M.D.		8/21/64			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. SPECIFY BURIAL (ENTOMBMENT OR CREMATION)	24. DATE	25. NAME OF CEMETERY OR CREMATORY		26. EMBALMER—SIGNATURE (IF DONE, EMBALMED) LICENSE NUMBER		
	Burial	8/24/64	Lemoore Cemetery		T. Coley Duke 3807		
	27. NAME OF FUNERAL DIRECTOR	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR	29. LOCAL REGISTRAR—SIGNATURE				
	Phipps Mortuary	8/24/64	Paul L. Murphy, MD, by deputy				
	30. CAUSE OF DEATH		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE		
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A)		8-14-64		<input checked="" type="checkbox"/> AUTOPSY PERFORMED			
LIPOSARCOMA				<input type="checkbox"/> FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSE OF DEATH			
Liposarcoma, retroperitoneal				<input type="checkbox"/> AUTOPSY PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSE OF DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
				2 yrs			
MEDICAL AND HEALTH DATA	31. OPERATION—CHECK ONE		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE		
	<input checked="" type="checkbox"/> OPERATION PERFORMED		8-14-64		<input checked="" type="checkbox"/> AUTOPSY PERFORMED		
	34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34b. DESCRIBE HOW INJURY OCCURRED				
	35a. TIME OF INJURY		35c. PLACE OF INJURY		35d. CITY, TOWN, OR LOCATION		



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF KINGS



This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE KINGS COUNTY CLERK-RECORDER.

DATE ISSUED **MAY 30 2008**

Ken Baird
KEN BAIRD
COUNTY ASSESSOR-CLERK-RECORDER



This copy not valid unless prepared on an engraved border displaying the date, seal and signature of Clerk-Recorder.